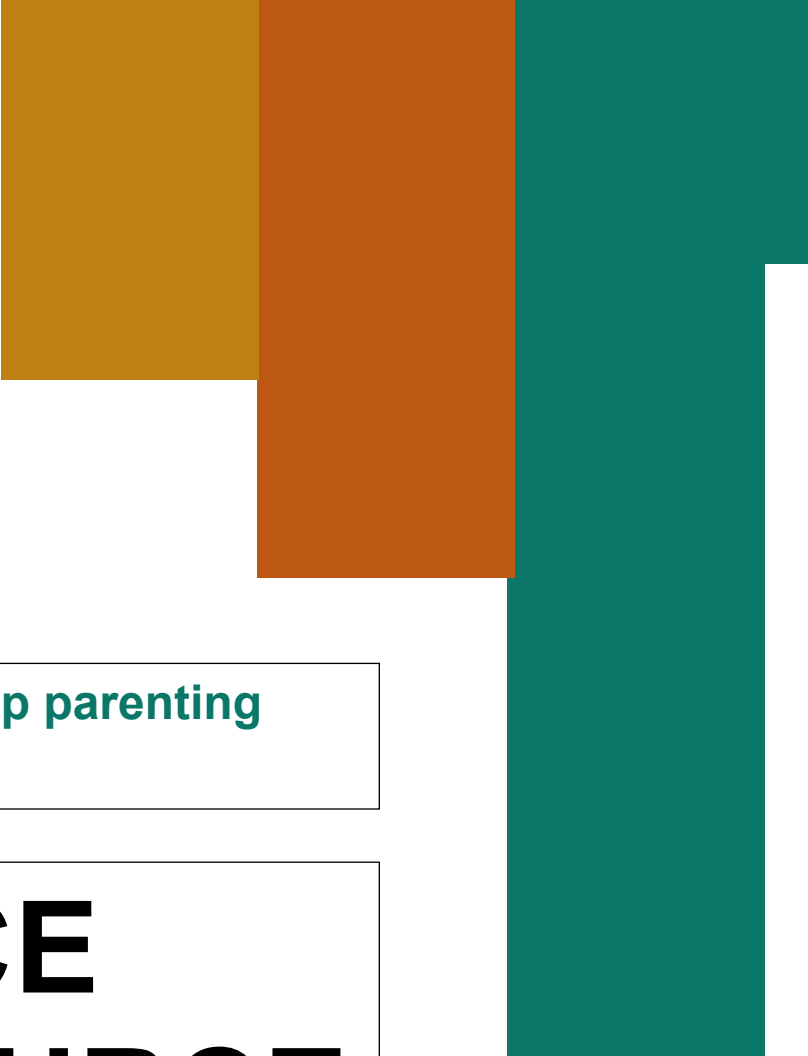




**Training package for scaling up parenting
interventions**

REFERENCE AND RESOURCE BOOK

For trainers and participants

Acknowledgments

This Reference and Resource Book and accompanying training package was developed by Maestral International LLC, under the guidance of and with support from the World Health Organization's Violence Prevention Unit. It was written by Beth Bradford, Siân Long, Marta Rodríguez Plaza, and Lina Digolo and designed by Tania Ghosh of Maestral International.

These materials were produced for the WHO, and formal publication is forthcoming. Technical guidance and oversight were provided by Alex Butchart, Sabine Van Tuyll Serooskerken Rakotomalala and Stephanie Burrows of the WHO Violence Prevention Unit.

Contents

- Introduction 4
- Key Resources 6
- Module 1: Why scaled-up parenting support matters 10
 - Handout 1.1: Key definitions 11
 - Handout 1.2: Foundational theories that underpin evidence-based parenting interventions. 14
 - Handout 1.3: Global parenting support framework 17
 - Handout 1.4: What is evidence-based parenting support? 19
 - Handout 1.5: Core principles 20
 - Handout 1.6: What is scaling-up/scaling? 21
- Module 2: Parenting interventions: what they are and how do they work..... 22
 - Handout 2.1: What is a parenting intervention and how does it work? 23
 - Handout 2.2: Types of parenting support 26
 - Handout 2.3: Parenting across the life course 30
 - Handout 2.4: Parenting interventions to prevent violence and promote development and mental health 34
- Module 3: Selecting an existing evidence-based parenting interventions..... 39
 - Handout 3.1 Overview of key design steps 40
 - Handout 3.2 Key steps in selecting an evidence-based parenting intervention 46
 - Handout 3.3: Step 1: Map and engage stakeholders 47
 - Handout 3.4: Step 2: Conduct a needs assessment 51
 - Handout 3.5: Step 3: Reviewing existing interventions 52
- Module 4: Designing or adapting parenting interventions..... 55
 - Handout 4.1: Key steps diagrams..... 56
 - Handout 4.2 Adapting parenting interventions for context..... 57
 - Handout 4.3 How to carry out co-adaptation 59
 - Handout 4.4: Adaptation case studies (4) 61
- Module 5: Implementing parenting interventions..... 62
 - Handout 5.1: Institutional leadership and coordination 63
 - Handout 5.2: Multisectoral collaboration and referral systems 65

Handout 5.3: The health sector and parenting support.....	67
Handout 5.4: The education sector and parenting support	70
Handout 5.5: The child protection sector and parenting support.....	72
Handout 5.6: The social protection sector and parenting support.....	74
Handout 5.7: The justice sector and parenting support	76
Handout 5.8: Planning resources for implementation at scale.....	78
Handout 5.9: Budgeting and resource planning for scale-up	80
Handout 5.10: Workforce recruitment and capacity building.....	82
Handout 5.11: Engaging and retaining families.....	84
Module 6: Monitoring and evaluating parenting interventions	86
Handout 6.1: Fundamentals and principles of M&E	87
Handout 6.2: Planning for M&E.....	90
Handout 6.3: Practical tools for data collection	92
Handout 6.4: Domains of programme monitoring	95
Handout 6.5: Developing and adapting M&E frameworks	97
Handout 6.6: M&E framework worksheet.....	99
Handout 6.7: Using M&E for continuous quality improvement, innovation and scale-up	101
Module 7: Sustaining scale-up of parenting interventions	102
Handout 7.1 Definitions and fundamentals on scaling and sustaining	103
Handout 7.2: Scaling case studies (4)	105
Handout 7.3: Strategies for scaling parenting support	106
Handout 7.4: From scaling to sustaining	109
References	110

Introduction

Across countries and contexts, the case for strengthening support to parents and caregivers has never been stronger. Families everywhere face increased vulnerabilities and risks. Global events such as pandemics, conflicts, economic downturns, natural disasters and forced migration have heightened family stress and the urgent need for enhanced support systems.

Global reviews consistently show that parenting support interventions work: they improve early childhood development, strengthen caregiver and child mental health and reduce violence against children. Strong evidence supports positive outcomes in early childhood development, caregiver and child mental health, and the prevention of particular forms of violence against children, including physical and emotional violence within the home. There is also promising evidence of effects on reducing intimate partner violence (1,2,3).

Growing commitment from countries and international bodies creates a real opportunity to strengthen and scale parenting support at national and global levels. While parenting support initiatives are expanding worldwide, there is a clear need for greater coherence, consistency and coordination across sectors and systems. Advances in digital technology and connectivity offer promising opportunities to scale parenting support interventions more rapidly and cost-effectively, ensuring broader and more equitable access. Scaling-up or deliberately expanding and embedding successful parenting interventions to benefit a larger population and ensure long-term impact (4).

The course aims to equip policy-makers, programme implementers and practitioners with the knowledge and practical skills to respond to the times and opportunities, and design, implement and scale evidence-based parenting interventions across health, education, child protection and social welfare sectors. By scaling up parenting interventions, countries expand reach while maintaining quality, fidelity and relevance.

By the end of this course, participants will be able to:

- 1) identify and apply evidence-based approaches, including assessing what works across sectors (e.g., health, education, child protection) and accessing key WHO parenting resources.
- 2) explain the role and impact of parenting interventions from birth to age 18 on child development and lifelong wellbeing for both children and adults.
- 3) implement and scale parenting interventions effectively by balancing fidelity and adaptation, while addressing real-world challenges such as quality, cost, cross-sector collaboration, and workforce capacity.

A word about definitions

The WHO defines 'parenting interventions' as: "a set of activities or services directed at parents/caregivers, with the objective of "improving parent–child interactions and the overall quality of parenting that a child receives." (3)

This covers a wide range of activities and services, including but not limited to 'parenting interventions,' which are usually a more formal, packaged initiative.

In this course, we talk about all forms of interventions, including but not limited to a formal parenting programme package. The two phrases are often used interchangeably, and we will talk about programmes when we refer to a package that is documented and has a curriculum and implementation guidance.

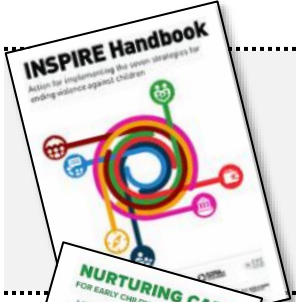
The course focuses primarily on evidence-based parenting support. Evidence-based parenting support refers to structured interventions for parents or other key caregivers that aim to improve parent–child interactions and the overall quality of parenting a child receives. These interventions may also be part of broader family support packages, which can include financial, material or social services. They include interventions shown by rigorous studies (especially randomized controlled trials) to be beneficial for children and families without causing harm.

More details on definitions will be found in Module 1.

Key Resources

Table 1: Key Resources

Resource	Title	Year of publication	Age range of children
	Helping parents in developing countries improve adolescents' health (2007) https://www.who.int/publications/i/item/9789241595841	2007	10-19 years
	INSPIRE seven strategies for ending violence against children technical package https://www.who.int/publications/i/item/9789241565356	2016	All ages
	Adolescent health: guidelines (2017) https://www.who.int/publications/i/item/WHO-MCA-17.09	2017	10-19 years

	INSPIRE Handbook: action for implementing the seven strategies for ending violence against children https://www.who.int/publications/i/item/inspire-handbook-action-for-implementing-the-seven-strategies-for-ending-violence-against-children	2018	All ages
	Nurturing care framework for early childhood development https://iris.who.int/bitstream/handle/10665/272603/9789241514064-eng.pdf	2018	0-6 years
	Improving early childhood development https://www.who.int/publications/i/item/97892400020986	2020	0-3 years
	INSPIRE guide to adaptation and scale-up https://www.who.int/publications/m/item/inspire-guide-to-adaptation-and-scale-up	2021	All ages
	Helping adolescents thrive toolkit https://www.who.int/publications/i/item/9789240025554	2021	10-19 years
	Parenting interventions to prevent maltreatment and enhance parent-child relationships with children aged 0-17 years https://www.who.int/teams/social-determinants-of-health/violence-prevention/parenting-guidelines	2022	0-17 years

	WHO recommendations on maternal and newborn care for a positive postnatal experience (2022) https://www.who.int/publications/i/item/9789240045989	2022	Perinatal
	Toolkit: Caregiver skills training for families of children with developmental delays or disabilities (2022) https://www.who.int/publications/i/item/9789240048836	2022	2-9 years
	Improving the health and wellbeing of children and adolescents: guidance on scheduled child and adolescent well-care visits (2023) https://www.who.int/publications/i/item/9789240085336	2023	All ages
	Early adolescent skills for emotions (EASE) https://www.who.int/publications/i/item/9789240082755	2023	10-15 years
	Global accelerated action for the health of adolescents, 2nd edition (2023) https://www.who.int/publications/i/item/9789240081765	2023	10-19 years

	Kangaroo mother care: implementation strategy for scale-up adaptable to different country contexts (2023) https://www.who.int/publications/i/item/9789240071636	2023	Perinatal
	Designing, implementing, evaluating and scaling up parenting interventions: A handbook for decision-makers and implementers https://iris.who.int/handle/10665/378237	2024	0-17 years
	The Global Parenting Support Framework https://www.unicef.org/documents/global-parenting-support-framework	2025	all
	Scaling parenting support through healthcare systems for stronger families – Resource page https://www.who.int/initiatives/supporting-parents	2025	all
	The role of the health sector in supporting parents and caregivers to meet their parenting potential (2025) https://iris.who.int/server/api/core/bitstreams/378fef8e-cd29-4767-9369-e09c47f109c5/content	2025	All ages

Module 1: Why scaled-up parenting support matters

This module explains why parenting support and scaling parenting interventions matter. It covers the following topics: key definitions; what the evidence says about the importance and benefits of parenting support; foundational theories about parenting support; and the principles that guide evidence-based approaches. Having this foundational knowledge is essential when planning to deliver parenting support at scale (4). The rationale for scaling up (expanding reach with quality, fidelity and relevance) parenting interventions is covered.

WHO's core documents on parenting and scaling-up are:

- World Health Organization. WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240065505>).
- World Health Organization. The role of the health sector in supporting parents and caregivers to meet their parenting potential. Geneva: World Health Organization; 2025. World Health Organization. Designing, implementing, evaluating, and scaling up parenting interventions: a handbook for decision-makers and implementers. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240095595>).
- For a deep dive into the evidence behind parenting interventions, the core document is the *Global parenting support framework*, developed in collaboration with WHO and other partners: United Nations Children's Fund, Parenting for Lifelong Health. Global parenting support framework. New York: United Nations Children's Fund; 2025 (<https://www.unicef.org/documents/global-parenting-support-framework>).

Additional key resources for Module 1:

- World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018.
- World Health Organization. Caregiver skills training for families of children with developmental delays or disabilities: introduction. Geneva: World Health Organization; 2022.
- United Nations Children's Fund. Resource package for gender-transformative parenting. New York: United Nations Children's Fund; 2023.
- World Health Organization, United Nations Children's Fund. Parent and caregiver support programmes: working at the intersections of violence against children and violence against women. Geneva: World Health Organization; 2024.

Handout 1.1: Key definitions

Caregiver: A person who is very closely attached to the child and is responsible for their daily care and support. Primary caregivers may include biological, adoptive or foster parents, family members such as grandparents, legal guardians or other people who are directly responsible for the child at home.

Caregiver behaviours: The behaviours and practices that form the foundation underpinning parenting. Core components of parenting behaviours comprise caregiving, help-seeking and self-care behaviours.

Evidence-based parenting intervention: An intervention shown through rigorous studies (especially randomized controlled trials) to have beneficial effects on children and families without causing harm.

Evidence-informed key features: In general, effective parenting programmes and interventions share common content related to 1) the promotion of knowledge of children's and adolescents' development, behaviour and needs; 2) responsive caregiving; 3) quality time together; 4) nonviolent discipline (including positive reinforcement, rule setting and appropriate consequences); 5) stress management and self-care; 6) communication and self-regulation skills; and 7) promoting gender transformative norms, among others. Parenting interventions are more likely to have positive impacts when they use strength-based approaches that build from caregivers' skills and lived experiences and when they implement the core content in ways that promote learning, for example, through demonstrations and modelling, practice and rehearsal and positive feedback. These approaches are equally effective in home and group delivery.

Fidelity: The degree to which the programme is implemented as intended by the programme developers. It measures how closely the program's core components, delivery methods and principles are followed during the actual implementation. High fidelity means the programme is being delivered as designed, while low fidelity indicates deviations from the intended model.

Gender-transformative parenting: Parenting interventions that intentionally seek to address the root causes of gender-based inequalities and to challenge or transform harmful gender roles, norms and power imbalances between women and men and girls and boys. They work with both female and male parents and caregivers to promote caring, equitable relationships and nonviolent interactions for the whole family.

Levels of parenting support:

Universal support for improving parenting behaviours, support seeking and wellbeing includes promoting positive parenting through information, guidance and behaviour modelling during routine visits. Delivered to all parents regardless of risk levels (i.e., no screening or selection criteria are used).

Targeted (previously called selective) support for caregivers with specific needs, for example, community-based support groups for caregivers in humanitarian settings.

Intensive support for families experiencing multiple, compounding challenges that significantly impair caregiving capacity, including intergenerational trauma, chronic adversity, mental/physical health conditions, substance use, domestic violence and child protection proceedings.

Life-course approach: Recognizes that caregiving needs and priorities evolve across a child's developmental stages, from early childhood through middle childhood and adolescence. It emphasizes continuous, age-appropriate and responsive support to caregivers at each stage, addressing their changing roles and challenges while promoting long-term well-being, equity and resilience for both children and families.

Parenting: Interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the care of the child or adolescent.

Parenting intervention: A set of activities or services aimed at improving how parents and caregivers approach and execute their roles as parents or caregivers, specifically their parenting knowledge, attitudes, skills, behaviours and practices.

Positive parenting skills and behaviours: Constructive practices that build a nurturing relationship, such as consistent discipline, praise, warmth and active listening

Responsive caregiving: A parenting approach involving timely, appropriate and sensitive responses to a child's signals, supporting their safety, learning and emotional well-being.

Scalability: The capacity for an intervention to be expanded across regions or populations while maintaining its effectiveness and quality.

Scaling / Scaling-up: The strategic and intentional process of spreading a model activity to new sites and/or new populations in a sustainable way through both horizontal and vertical scaling. Scaling parenting support means deliberately expanding and embedding successful parenting interventions to benefit a larger population and ensure long-term impact.

Additional definitions used in this training

Adaptation: The intentional process of making modifications to a model activity so it can be transferred from an original model site to a target site(s).

Co-design: Refers to collaboratively developing a new parenting intervention with local stakeholders when no suitable model exists that could be adapted to meet the local need, or when local ownership and alignment are paramount.

Co-adaptation: Involves modifying an existing evidence-based intervention in collaboration with stakeholders to suit a new need, context or setting while preserving the programme's core elements.

Core elements: The essential features that must be present to ensure the programme works. These may be delivered in different ways but should not be removed or replaced.

Peripheral elements: The non-essential aspects that can be changed to suit the setting, such as session length, names used in stories, or facilitation style.

Monitoring: The systematic collection and analysis of information as a project progresses. It follows the progress of planned activities, identifies problems and potential harms and provides feedback to managers and staff to identify and solve problems before they cause delays. It involves the routine collection and analysis of data on inputs and outputs to determine if the intervention is being delivered as intended. If done properly, it is an invaluable tool for good management and provides a useful base for evaluation.

Evaluation: Evaluation of an intervention is the comparison of actual project impacts against the agreed strategic plans or programme objectives. It looks at what you set out to do, what you have accomplished and how you accomplished it. Evaluation is typically a more advanced process that can involve an interview review by the programme team, or a standalone study often conducted by a research partner.

Sustainability: Long-term continuation and institutionalization of a parenting intervention within existing systems. This includes embedding the intervention into national policies, service guidelines, budgets and delivery platforms.

Handout 1.2: Foundational theories that underpin evidence-based parenting interventions

Family strengthening approach

Parenting interventions are rooted in a family strengthening approach, which emphasizes the role of caregivers as the main influence on child development and wellbeing. Parenting is understood not only as a set of individual practices, but as social behaviour shaped by broader family, community and structural factors.

According to WHO, “Parenting is a vital resource for helping children thrive in the face of adverse environments – a resource that can be strengthened and supported through parenting interventions.” (1)

The family strengthening approach draws on several key theories and frameworks, each of which informs how parenting interventions are designed, delivered and evaluated. These are introduced below. Each is explored further in the modules indicated.

More information on family strengthening for child wellbeing and protection can be found in the Center for the Study of Social Policy’s ‘Strengthening families’ website. This [website](#) provides a framework for five key protective factors for family strengthening, the research behind the framework and information sheets on protective factors (5).

Attachment theory

Secure caregiver-child attachment is foundational to healthy emotional and social development. Attachment theory explains why sensitive, responsive caregiving is central to all evidence-based parenting interventions. A secure relationship between caregiver and child is the foundation from which children develop and learn.

Evidence shows that secure attachment in early childhood is linked to lower risks of behavioural and emotional difficulties, stronger peer relationships and better academic outcomes (2).

"Responsive caregivers appear to 'dance' with their children. They are in tune with seeing, hearing, feeling and responding to their children." (6)

See Handout 2.1 for more information on caregiver behaviours and responsive caregiving and Handout 2.4 for life-course applications of attachment across childhood and adolescence.

Social learning theory

Children learn behaviours through observation, imitation and reinforcement. Social learning theory underpins the practical skill-building components of parenting interventions, including modelling of positive discipline, role-play and the use of praise and reward. It also explains why structured, practice-based sessions are more effective than information alone.

Parenting interventions grounded in social learning theory, such as Parenting for Lifelong Health and Triple P, have shown reductions in child conduct problems and improvements in parenting practices across diverse settings (7,8,9).

Socio-ecological systems theory

This theory recognizes that child development and caregiving are shaped by multiple, interacting levels of influence – individual, relational, community and societal. It supports multisectoral approaches to parenting interventions by showing that household-level change is both enabled and constrained by wider structural conditions.

The INSPIRE framework integrates parenting support within broader systems of violence prevention, reflecting the socio-ecological understanding that no single intervention level is sufficient on its own (10).

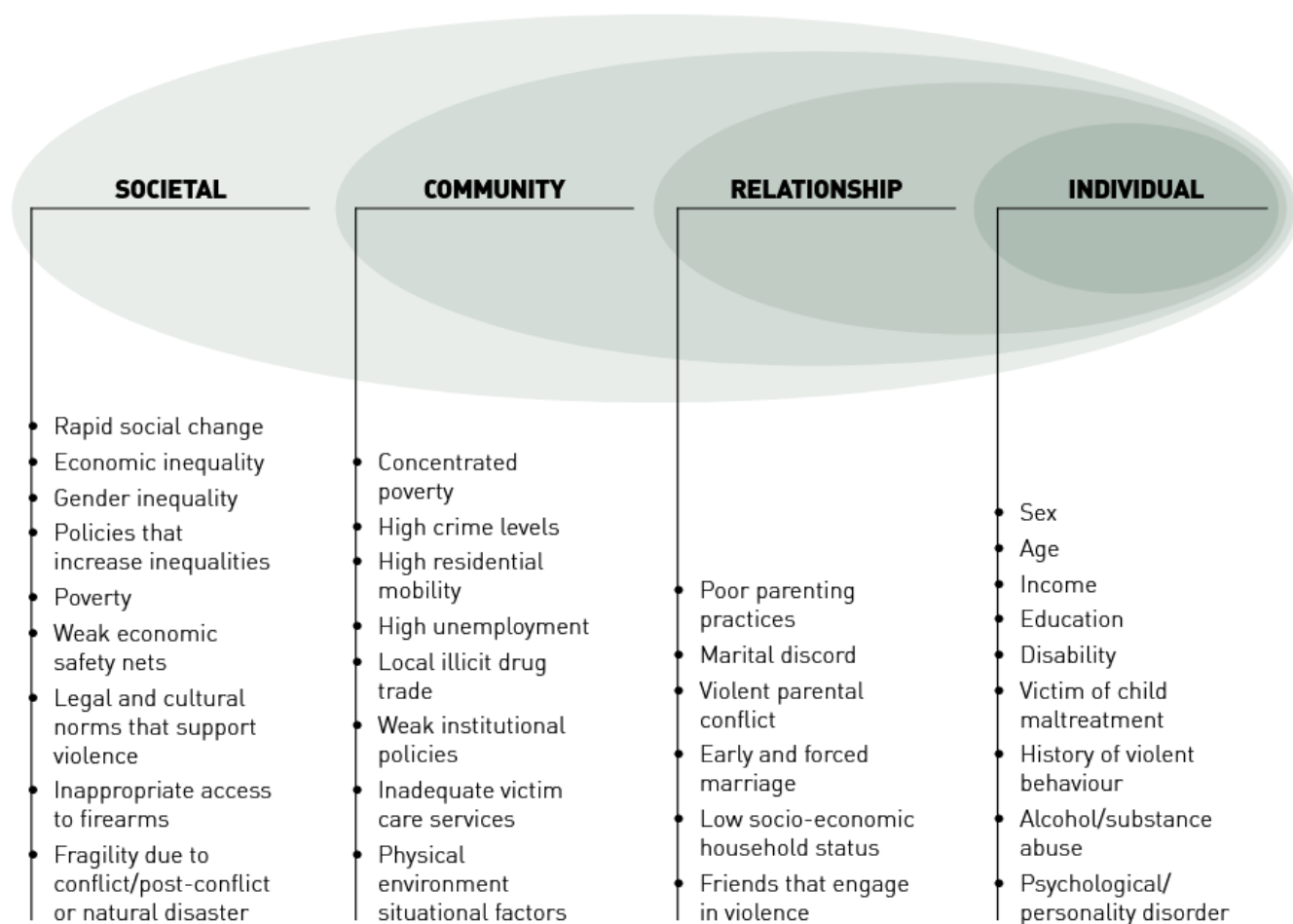


Fig. 1. Social ecological model for understanding and preventing violence against children. Illustrates how children and caregivers are influenced by multiple, interacting systems (family, community, institutions, policy) (10)

Important frameworks that apply these foundational theories

Nurturing care framework

The nurturing care framework identifies five essential and interrelated conditions for early childhood development: good health, adequate nutrition, safety and security, opportunities for early learning and responsive caregiving. It places parenting at the centre of child well-being, particularly in low-resource settings, and highlights that caregivers themselves need support to provide nurturing care consistently (2).

The framework is especially relevant to the design of universal parenting support and to the integration of parenting interventions into health, nutrition and early childhood development services.

Developmental and life-course perspective

The developmental and life-course perspective recognizes that children's needs, capacities and risks change significantly from infancy through early childhood, middle childhood and adolescence. Effective parenting interventions are therefore developmentally appropriate. The content, methods and goals of support must reflect the stage of the child's development and the evolving demands on caregivers (3).

This perspective also recognizes that caregivers themselves change over time. The challenges faced by a parent of a toddler differ substantially from those faced by a parent of an adolescent, and interventions must be designed accordingly.

The global parenting support framework treats the life-course approach not as one theory among many but as a cross-cutting principle that runs across all three building blocks. The parenting support pyramid is explicitly a life-course pyramid: universal, targeted and intensive support must be available and appropriately configured at every stage of a child's development. System strengthening components must sustain this support across transitions from the antenatal period through to adolescence, and the enabling environment must support caregivers at each stage (3).

How these theories work together

These theories and frameworks are complementary rather than competing. Together, they explain why parenting matters (attachment theory, nurturing care framework), how change happens (social learning theory), what shapes the conditions for change (socio-ecological systems theory) and across what timeframe support must be sustained (developmental and life-course perspective). Evidence-based parenting interventions draw on all of these foundations simultaneously (3).

Handout 1.3: Global parenting support framework

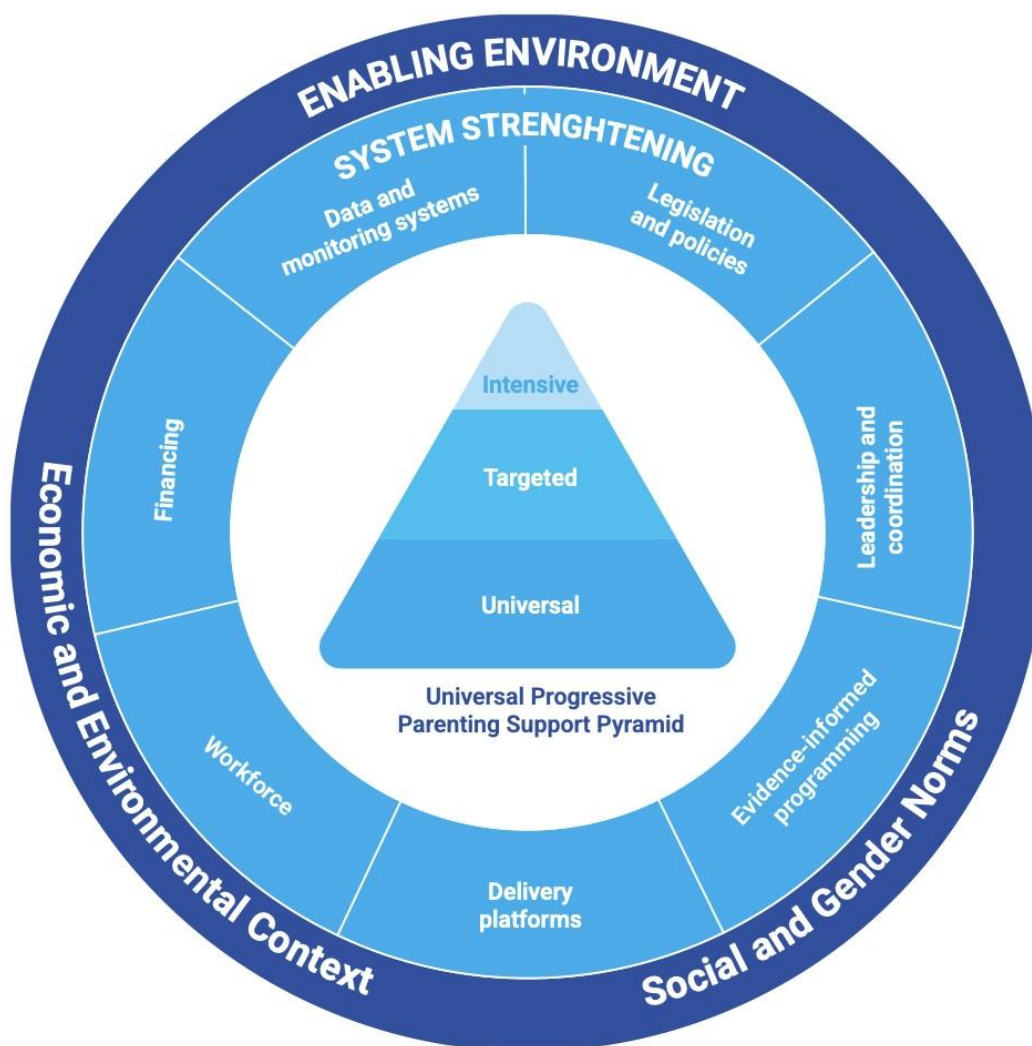


Fig. 2. Key building blocks for supporting caregivers of children and adolescents (3)

Support for caregiver well-being: When caregivers receive support for their own physical and emotional well-being, they are more likely to provide the care their children and adolescents need to achieve optimal health and well-being.

Support for parenting behaviours: Parenting behaviours determine the care and support that children and adolescents receive. Support for caregivers should focus on strengthening three key parenting behaviours:

- **caregiving:** empowering caregivers to provide appropriate and attentive care
- **self-care:** guiding caregivers in prioritizing their own well-being
- **support-seeking:** raising awareness about the services and support available.

Three-level parenting support:

All parents and caregivers need some support, but some need all the support they can get. In addition to **universal support**, some at-risk families or entire communities may need more **targeted support**. Some families with more complex needs will require an additional, more **intensive** level of support to help them reach their parenting potential.

An enabling environment:

Caregivers need an enabling environment to create the conditions that support them to meet their parenting potential. This will depend on a broader policy environment with supportive legislation and coordination mechanisms, financing, data and evidence generation, along with supportive social and gender norms.

1. Parenting support pyramid

Parenting support can be delivered at three levels. The Global parenting support framework (3) conceptualizes support for parents and caregivers through core components needed to deliver adequate, comprehensive and evidence-based parenting support policies, programmes and services:

The **universal progressive parenting support pyramid** – a tiered system that organizes parenting support as universal, targeted, or intensive, ensuring that all families can access inclusive, non-stigmatizing support, while those with additional or complex.

Handout 1.4: What is evidence-based parenting support?

An evidence-based intervention is one that has been tested through rigorous research that clearly shows changes in how parents and caregivers raise their children and, where relevant, that these changes benefit children's behaviour or mental health.

The strongest evidence comes from randomized controlled trials, but other well-designed studies are also accepted, including quasi-experimental designs, longitudinal cohort studies and implementation research. These can all provide credible evidence of whether an intervention works, how effective it is, and whether it can be adapted to different contexts (4).

In low-resource or complex settings, other research methods can also produce strong, policy-relevant evidence. These include matched comparison groups, interrupted time series and mixed-methods evaluations, particularly when combined with qualitative data on whether an intervention is acceptable, feasible and scalable (4).

Some interventions are informed by the practical experience and reflections of parents, caregivers and practitioners rather than formal research. While this kind of evidence can be valuable, it is not sufficient for an intervention to be considered "evidence-based". Further investment in research on these interventions is needed.

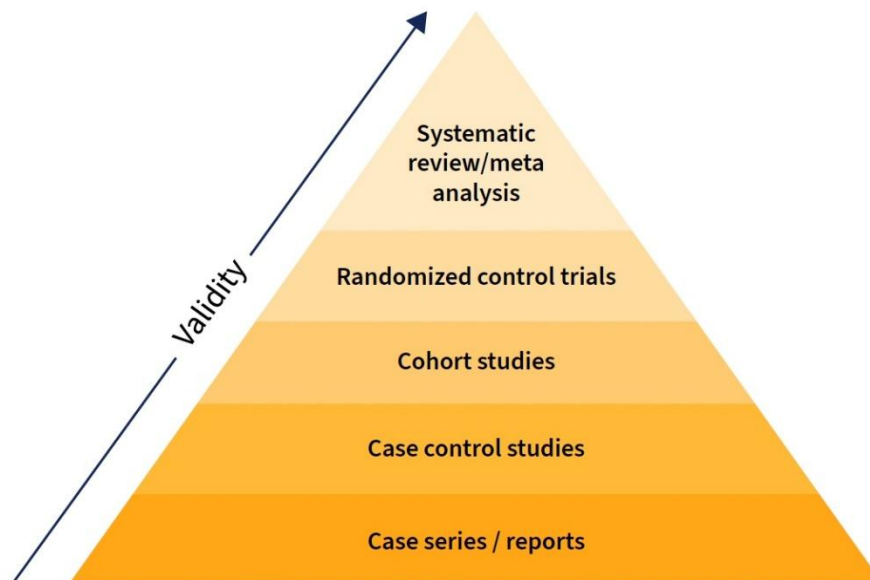


Fig.3. Levels of evidence for measuring effectiveness (4, p. 7)

See Handout 2.1 for detail on the content of evidence-based parenting interventions.

Handout 1.5: Core principles

Core principles influence decisions, actions and behaviours, providing a framework for navigating various situations.

The core principles required for evidence-based parenting interventions include:

Evidence-informed and theory-based: Grounded in scientific research, including social and behavioural sciences, and drawing on attachment, social learning and coercion theories to support nurturing, responsive parenting. Programmes build practical parenting skills through structured sessions, not just knowledge or attitude change (1,3,13).

Rights-based, inclusive and participatory — Ensures interventions reach all caregivers and children, including those with disabilities or from marginalized groups. Actively involves parents, children, communities and policy-makers in design, implementation and evaluation (3).

Equity-focused — Guarantees fair access to quality parenting support for all caregivers, regardless of background or circumstance (3).

Strengths-based — Recognizes and builds on the existing capacities and strengths of children and caregivers (3).

System-centred — Strengthens services and coordination mechanisms to support integrated parenting programmes (3).

Sustainable and scalable — Plans for scale-up and sustainability from the start, with integration into health, education and social protection systems (4).

Culturally sensitive — Adapted to local cultural contexts to ensure relevance and effectiveness, from design through to evaluation (4).

Gender-transformative — Challenges harmful gender norms, promotes equitable caregiving, engages fathers and addresses power imbalances between adults and children (11).

Lifespan approach — Recognizes that parenting needs change across a child's development, from early years through to adolescence (1,12).

Mental health-promoting — Supports the emotional and psychological wellbeing of both caregivers and children as a foundation for nurturing relationships (1,12).

Complementary to structural change — Parenting support must work alongside, not replace, action on poverty, unemployment and public health (4).

Handout 1.6: What is scaling-up/scaling?

“Scaling is the strategic and intentional process of spreading a model activity to new sites and/or new populations in a sustainable way through both horizontal and vertical scaling.”
(5)

What do we mean by scaling parenting support?

- Scaling parenting support means deliberately expanding successful parenting interventions to benefit a larger population and ensure long-term impact and embedding into existing systems (e.g., health, education, social welfare).
- This involves assessing the intervention’s readiness for broader application, developing strategies for its adoption and expansion, and ensuring its sustainability.
- Two primary pathways for effective scaling are vertical scale-up, which integrates the intervention into policies, systems and institutional structures, and horizontal scale-up, which expands the intervention to new locations and populations.
- Successful scaling requires a combination of both approaches to achieve widespread reach and lasting impact for families and children.

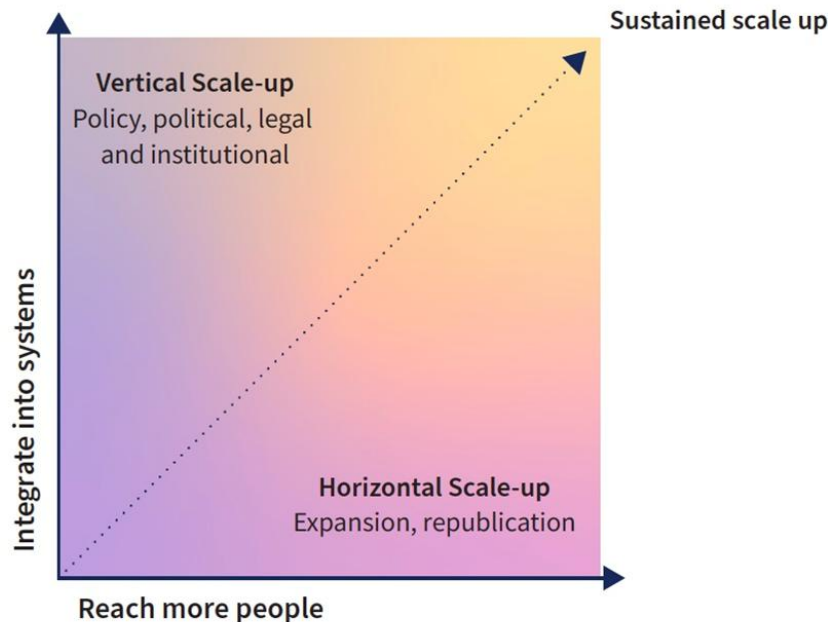


Fig. 4. Vertical and horizontal scale up (4, p. 7)

Planning for scale from the start means that parenting interventions will reach as many families as appropriate and in the most affordable ways. Planning requires working to ensure sustainable resources and a supportive policy for delivering at scale.

Module 2: Parenting interventions: what they are and how do they work

This module explores how evidence-based parenting interventions, especially when scaled-up, can transform the lives of children, caregivers and communities by preventing violence, improving mental health and strengthening families. It draws on global best practices to show how structured and scaled parenting support can improve outcomes at multiple levels.

By the end of this module, you will be able to:

- understand the three parenting intervention levels (universal, targeted, indicated), when to use them and how to link them with target populations
- explain the core content of evidence-based parenting interventions and how these are applied using a life-course approach
- understand how parenting supports violence prevention and mental health considering the life-course.

Additional key resources for Module 2:

- World Health Organization, United Nations Children's Fund. Parent and caregiver support programmes: working at the intersections of violence against children and violence against women. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240089105>).
- United Nations Children's Fund, Parenting for Lifelong Health. Policy analysis and benchmarking tool for universal parenting support. New York: United Nations Children's Fund; 2025 (<https://www.unicef.org/documents/policy-analysis-and-benchmarking-tool-universal-parenting-support>).

Handout 2.1: What is a parenting intervention and how does it work?

Parenting interventions are structured programmes that support and strengthen caregiving practices in ways that promote the safety, health and development of children and adolescents. They are typically evidence-based, culturally adapted and delivered across health, education, child protection and community platforms (3).

Understanding how parenting interventions are structured – who they target, how they work and what they are designed to achieve - is essential for policy-makers and programme implementers who are planning to deliver or scale parenting support.

How parenting interventions work: caregiver behaviours

All parenting interventions, regardless of level or setting, work by strengthening caregiver behaviours – that is, the ways adults care for children, care for themselves and seek support. The Global parenting support framework groups these behaviours into three connected areas (3).

- **Caregiving behaviours** are the direct interactions between caregivers and children. They include responsive caregiving, positive communication, non-violent discipline, play and stimulation and support for children's emotional and social development. These behaviours are the primary focus of most parenting interventions and are the most direct pathway to improved child outcomes. Parenting behaviours determine the care and support that children and adolescents receive. Caregiving behaviours include:
 - **Caregiving** or caregivers providing appropriate and attentive care.
 - **Self-care behaviours** refer to caregivers' ability to manage their own emotional well-being, stress and mental health. A caregiver who is overwhelmed, isolated or experiencing mental health difficulties is less able to provide consistent, nurturing care. Effective parenting interventions, therefore, address caregiver well-being directly and guide caregivers in prioritizing their own well-being, not only as a secondary concern but as a core component of the intervention. support for their own physical and emotional well-being. With support caregivers are more likely to provide the care their children and adolescents need to achieve optimal health and well-being.
 - **Help-seeking behaviours** refer to caregivers' awareness, ability and willingness to identify when they need support and to access it, whether from family, community networks, or from formal health, education or social protection services. Parenting interventions strengthen help-seeking by raising awareness about the services and support available, reducing stigma, building confidence and connecting caregivers to available services.

These three areas are interdependent. Supporting caregiving behaviours without addressing caregiver well-being and help-seeking is unlikely to produce sustained change.

Core components of evidence-based parenting interventions

Evidence-based parenting interventions, regardless of setting or delivery modality, share a set of core components that have been shown to strengthen caregiver–child relationships, promote child development and reduce risk factors for violence and poor mental health (3).

- **Positive parent–child interaction and play:** Structured opportunities for caregivers and children to spend quality time together, including child-led play, reinforce secure attachment and support cognitive and emotional development.
- **Responsive caregiving and emotional regulation:** Coaching caregivers to recognize and respond sensitively to children's cues, and to manage their own emotional responses, is central to all evidence-based programmes.
- **Non-violent discipline strategies:** Interventions teach caregivers alternatives to harsh or physical punishment, including positive reinforcement, setting clear rules and boundaries, natural consequences and redirection.
- **Supportive communication and problem-solving:** Building caregivers' communication skills, including active listening, empathy and constructive conflict resolution, strengthens the caregiver–child relationship and reduces family stress.
- **Early learning and stimulation activities:** Particularly relevant for early childhood, these activities promote language development, cognitive growth and school readiness through everyday interactions and routines.
- **Parental self-care and stress management:** Supporting caregivers to recognize and manage stress, seek help when needed and maintain their own well-being is a core component rather than an add-on.

Evidence: Parenting interventions that include these components have shown significant impacts in reducing violence, improving child behaviour and caregiver mental health (1,2,6).

Programmes are most effective when these components are delivered through active, participatory methods, including demonstrations, modelling, role-play, practice and positive feedback, rather than through information transfer alone. Strength-based approaches that build from caregivers' existing skills and lived experiences are consistently associated with better outcomes. A strengths-based approach means starting from what parents *can* do, not what they cannot do. In practice this looks like: asking parents what is already going well at home before discussing challenges; using role play to practise skills rather than lecturing; celebrating small wins in group sessions; and helping parents identify their own support networks rather than depending on the facilitator alone. Parenting programme evaluations have consistently found that strengths-based approaches are essential for building trust with families, and that they facilitate personal engagement, increase parents' sense of empowerment and encourage families to find their own solutions and make decisions about their own lives. This is particularly important for attendance and completion. Parents and caregivers who feel judged or labelled as inadequate are far less likely to stay engaged with a programme long enough to

benefit (1). Strengths-based approaches rely on involving parents and caregivers in shaping the programme. It means consulting them on what topics matter most, testing activities with them before finalizing content, and making space in sessions for parents to adapt what they are learning to their own family context. Research shows that parents and caregivers value content that feels relevant to their needs and the ability to tailor the core components above to their own situation. One way to build this relevancy is to engage the full participation of parents in designing, adapting, implementing and evaluating the programme. This requires involving parents and caregivers in shaping the programme from the start (3, 4). Parent participation is discussed in detail in Module 5.

Benefits at multiple levels

Parenting interventions generate positive outcomes not only for individual children and caregivers, but for families and communities.

The following summarises the evidence on multi-level benefits.

Table 2. Key outcomes by level

Level	Key outcomes
Child	improved attachment and emotional regulation; fewer behavioural problems; enhanced cognitive and social development; reduced experience of violence
Caregiver	reduced parenting stress; improved mental well-being; increased confidence and self-efficacy; enhanced capacity to cope with adversity
Family	better communication; less conflict; greater cohesion; more equitable sharing of caregiving roles
Community	reduced violence burden; stronger family networks; increased community cohesion; reduced intergenerational transmission of violence
Enabling environment	strengthened social and gender norms; increased community awareness and positive attitudes toward parenting support; greater male engagement; improved income security and access to social protection, housing and basic services that enable caregivers to focus on nurturing care; reduced exposure to environmental stressors.

One of the most consistent findings across the evidence base is the role of parenting interventions in improving mental health and well-being for both caregivers and children by reducing stress, enhancing protective factors and supporting emotion regulation skills across the whole family (13).

Handout 2.2: Types of parenting support

Parenting interventions can be grouped into three types - universal, targeted and indicated - depending on the level of risk faced by the children and families they aim to support. Understanding the difference between these helps make sure the right type of support is given in the right situation.

Across all levels, social and behaviour change approaches help promote positive parenting practices, shift harmful norms and encourage caregivers to engage with available services.

WHO's technical guidance on the role of the health sector in supporting parenting describes the type of support parents and caregivers need and outlines the key building blocks of the health sector response. It gives practical suggestions to 'remember, strengthen, add' actions to enhance existing health care and promoted their child's development, from the antenatal period, through to adolescence (14).

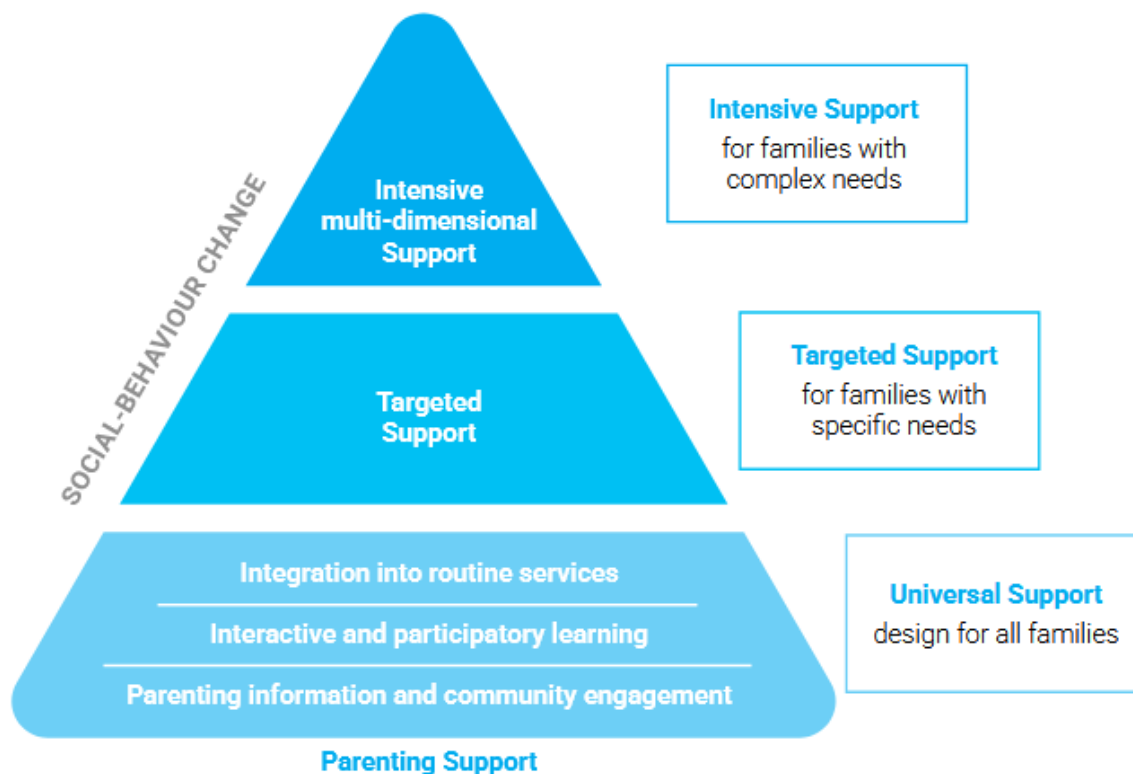


Fig. 5. Parenting support pyramid (3)

1. Universal parenting support

Universal parenting support provides inclusive, non-stigmatizing information, guidance and skills-building opportunities for all caregivers. It aims to strengthen positive parenting practices,

shift social and gender norms, and ensure consistent messaging across sectors. Universal support can include community engagement, participatory learning and embedding parenting guidance into routine services so that every family benefits from foundational support.

Universal support is delivered to all parents and caregivers in a population, regardless of risk factors. The goal is to strengthen parenting skills and prevent future challenges across the entire population.

Examples of universal interventions: Parenting tips via mass media and school-based programmes for parents of all enrolled children.

Delivery settings: health clinics, schools or digital platforms.

Target: general population.

Good practice: Mass parenting campaigns that promote positive discipline and nurturing care through use of media, as supported by WHO and The United Nations Children's Fund's (UNICEF) nurturing care framework (2), are considered a good practice.

Case study: Delivering trusted evidence-based parenting information through media

ParentText (<https://globalparenting.org/parenttext/>) is a chatbot parenting intervention delivered through popular communication channels that users trust, such as WhatsApp, Facebook Messenger, Telegram and SMS. It delivers evidence-based parenting support from Parenting for Lifelong Health, UNICEF, Helping Adolescents Thrive and other parenting interventions that aim to reduce violence against children and improve child wellbeing.

ParentText is widely used in Jamaica, where evidence suggests that it is reaching many parents and caregivers, including young parents: <https://youtube.com/shorts/i8oWfUOy-YY?si=XULXxWFAqEp2ERzR> and <https://www.unicef.org/jamaica/press-releases/parenttext-jamaica-gains-momentum>

2. Targeted parenting support

Targeted parenting support offers additional assistance to families facing specific risks, such as poverty, displacement, discrimination, disability, adolescent parenthood or exposure to violence. Delivered by trained professionals or supervised community workers, it tailors support to families' circumstances, reduces practical barriers to participation and often integrates mental health and psychosocial support to reduce stress and strengthen caregiving capacity.

Targeted support interventions are designed for specific groups of caregivers who may need extra support - such as teenage parents, caregivers of children with disabilities, or those facing higher levels of stress or hardship. These interventions are adapted to meet the unique needs of these groups. The programme may be offered to specific groups of caregivers or may be offered to everyone in an area where there are identified challenges for parenting. They are

often delivered in community settings, such as community centres, support groups or home visits (3).

Case study: Parenting intervention for families with adolescents in high-risk communities

Familias Fuertes (Strong Families) is a seven-session group programme developed by the Pan American Health Organization for parents and their children aged 10 to 14 years. It is recognized by INSPIRE strategy as an evidence-based approach to preventing adolescent risk behaviours and strengthening family relationships. It is directed at communities facing elevated risk, including those characterised by poverty, limited access to services and high rates of adolescent risk behaviour. Families are recruited through a variety of community resources specifically to reflect and reach those communities.

An evaluation across Bolivia, Colombia and Ecuador found that after completing the programme, parents and caregivers in all three countries reported significantly higher levels of positive parenting and significantly lower levels of parental hostility than before the programme began. These shifts in parenting practice are considered the key mechanism through which the programme reduces harm: warmer, less hostile parenting strengthens parent-child relationships and lowers the risk of adolescent involvement in health-compromising behaviours (15).

3. Intensive parenting support

Intensive parenting support is designed for families experiencing complex, persistent challenges that significantly affect caregiving. It typically involves individualized, multi-sectoral interventions delivered over a longer period, often linked to child protection or care reform processes. This level responds to issues such as chronic adversity, intergenerational trauma, substance use or family violence, and may be part of preventing separation, supporting reunification or strengthening alternative care arrangements.

Indicated interventions are aimed at families already experiencing significant problems, such as child maltreatment, parental mental illness, substance abuse, or high levels of distress. They are almost always delivered through service delivery settings such as mental health clinics or child protection services. For example, WHO's Thinking healthy programme focuses on evidence-based psychosocial management of perinatal depression that addresses the mother's mental health and parenting knowledge. It was successfully piloted in Pakistan.

Evidence: WHO's guidelines recommend integrating parenting support into mental health and child protection systems to reduce the recurrence of maltreatment and support recovery (1,14).

Targeted parenting interventions for families in humanitarian settings or for children with developmental delays have demonstrated improvements in caregiver coping and reduced stress (16).

Case study: Parenting interventions to support families of children with behavioural difficulties

Parent Management Training–Oregon and Parent–Child Interaction Therapy are evidence-based parenting interventions designed to support children with challenging behaviours by strengthening parenting skills and improving parent–child relationships. Parent Management Training–Oregon has been culturally tailored and delivered in countries such as Mexico, Thailand, and Iran, where it has improved parenting practices, reduced harsh or overprotective behaviours, and strengthened parent–child relationships among families of children with behavioural difficulties, including ADHD. These adaptations involved using locally relevant materials and trained facilitators, showing that the programme can be effectively transferred across cultural settings. Similarly, Parent–Child Interaction Therapy, which focuses on live coaching of caregivers with young children, has shown consistent benefits internationally, including in South Africa, Hong Kong, and Puerto Rico, where it has improved child behaviour, increased parenting confidence, reduced parental stress, and enhanced parent–child interactions, highlighting its effectiveness and adaptability in both clinical and community settings.

Case study 2: Targeted parenting intervention for families of children with developmental delays

The Caregiver skills training programme, developed by WHO in collaboration with UNICEF and Autism Speaks, is a targeted parenting intervention designed to support families of children aged 2–9 with developmental delays or disabilities. Delivered by non-specialist providers such as community workers and nurses, Caregiver skills training focuses on teaching caregivers practical skills to improve communication, engagement and daily living through everyday routines and play. The programme consists of nine group sessions and three home visits and supports caregivers' mental health and coping strategies.

Caregiver skills training programme is especially effective in low-resource and humanitarian settings, where specialized services are limited and where caregivers often face stigma, isolation and limited access to support.

WHO worked with the Ministry of Health in Lebanon to pilot Caregiver skills training with Syrian refugees in Lebanon in 2019 – 2020. The programme addressed the daily challenges faced by these caregivers as well as the stress experienced as refugees fleeing war and facing unrest in Lebanon during the COVID-19 pandemic. An evaluation of the pilot found that parents who completed the programme reduced harsh parenting, increased parenting knowledge and had reduced distress.

(16,13, p68)

Handout 2.3: Parenting across the life course

The developmental and life-course perspective recognizes that children's needs, capacities and risks change significantly from infancy through early childhood, middle childhood and adolescence. Parenting interventions must therefore be developmentally appropriate, responding to what children need and what caregivers face at each stage.

The global parenting support framework treats the life-course approach as a cross-cutting principle. Support must be available, accessible and appropriately designed at every stage of a child's development, from the antenatal period through to late adolescence (3).

Desired outcomes

- All children have access to quality health, nutrition, and early learning services that promote their holistic development.
- Children and adolescents are protected from violence and harmful environments, develop socio-emotional and peer relationship skills, and grow within gender-equitable, inclusive and nurturing settings.
- Families maintain strong, communicative, and non-violent relationships, fostering trust and mutual respect.
- Adolescents demonstrate increased agency, autonomy, and participation, supported by improved mental and emotional well-being.

Examples of key actions

- Promote responsive caregiving and positive stimulation throughout early childhood.
- Ensure early identification and intervention for children with developmental delays or disabilities.
- Encourage gender-equitable caregiving roles and transform discriminatory norms.
- Support caregiver mental health and emotional well-being.
- Expand safe and inclusive spaces for learning, play, and social interaction.
- Reinforce emotional regulation, positive discipline and respectful communication within families.
- Build adolescent agency and participation in family and community decision-making.
- Strengthen adolescent-responsive health and mental health services and promote caregiver support.

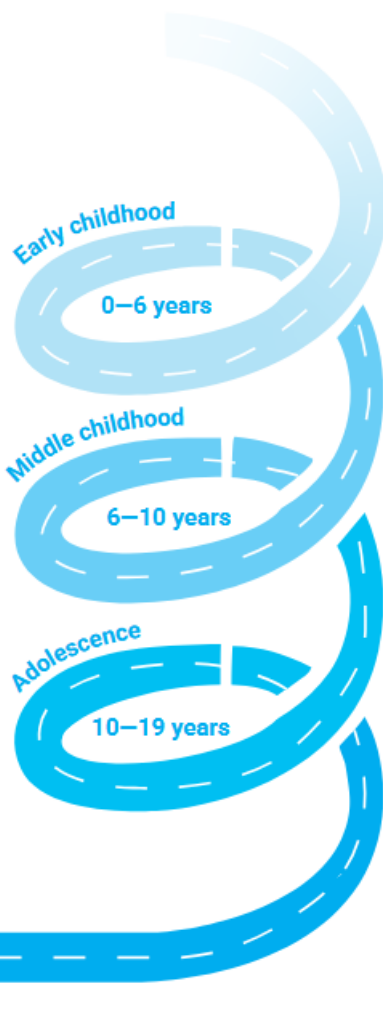


Fig. 6. Examples of continuous parenting support programming approaches across the life-course (3)

What changes across the life course

While the core components of evidence-based parenting interventions remain consistent, how they are applied changes substantially depending on the age of the child. Three dimensions shift across the life course:

1. **The focus of caregiving:** In early childhood, caregiving centres on physical care, safety, responsive interaction and early stimulation. As children move into middle childhood, the focus shifts toward supporting learning, building social skills and establishing clear boundaries and routines. In adolescence, caregiving increasingly involves negotiating growing independence, maintaining open communication and supporting emotional development and identity formation.
2. **The caregiver–child relationship:** The nature of the relationship evolves from one of near-total dependence in infancy to increasing reciprocity and negotiation in adolescence. Interventions must reflect this shift. Approaches that work well with parents of young children may feel inappropriate or ineffective with parents of teenagers.
3. **The risks and protective factors:** The risks that parenting interventions are designed to address also shift across the life course. Early childhood interventions focus primarily on preventing maltreatment, supporting attachment and promoting developmental milestones. Adolescent-focused interventions address additional risks including violence, mental health difficulties, substance use, risky sexual behaviour and peer influence, while building on the protective factors that strong caregiver–adolescent relationships provide.

Implications for programme design

Programmes that span the full life course, or that are adapted for specific age groups, need to ensure that:

- content, language and examples are appropriate for the age of the child and the stage of the caregiver relationship
- facilitators are trained to work with the specific dynamics of each life stage
- referral pathways reflect the services available to families at each stage, across health, education and child protection systems
- adolescents are actively involved in programme design and delivery where appropriate, in line with rights-based and participatory principles
- considerations are built in for working across sectors of protection, health and education, as access points may differ across the ages.

Evidence-based parenting components across the life-course

The following are the essential components for parenting interventions of different ages (3).

Table 3. Essential components

Schemes	Explanations during early and middle childhood (0 to 10 years)	Explanations during adolescence (11 to 19 years)
Psychoeducation Strategies to teach concepts and provide information about parenting and child development to parents/ caregivers and children	Learning about typical child physical, cognitive and emotional development, behaviours and needs Understanding the coercive parent-child interaction cycle and the importance of positive parent-child interactions	Learning about puberty, sexual development sexual and reproductive health and risk-taking Communication and understanding about ongoing developmental changes and communicating about future life decisions Creating an atmosphere of mutual trust, honesty and respect. Creating a culture of open communication (e.g., at family mealtimes)
Relationship building Strategies to build and strengthen positive, nurturing, responsive relationships between parents/caregivers and children	Spending time with the child e.g., through child-led play or engaging children in interactive household chores Paying full attention to what the child is conveying and providing verbal and nonverbal feedback to show that they are heard Understanding the child or adolescent's perspective and how they perceive the world, bonding with them to support them with friendship conflicts, school pressure, etc. Helping them develop empathy and coping skills to help navigate their unique set of stressors. Allowing age-appropriate independence and assertiveness	Enhancing a reciprocal and responsive relationship, including spending time with each other, quality time and allowing for growing independence Demonstrating interest and showing the adolescent that they are respected and that their thoughts and feelings are valid and worthwhile. Being fully present in the conversation, not interrupting, listening mindfully and asking thoughtful question
Positive reinforcement Strategies for parents/ caregivers to reinforce positive, desirable behaviours in children	Verbally praising the child or adolescent when they show positive behaviour, giving encouragement and taking an interest Praising openness when the child or adolescent admits bad behaviour Offering the child tangible (e.g., a toy) or intangible (e.g., a kiss) rewards when they exhibit positive behaviour	
Proactive parenting Preventive strategies for parents/ caregivers, e.g. to	Giving the child positive (e.g., use “do” rather than “don’t”), simple, clear and age-appropriate instructions using a calm and non-imperious voice	Talking about solutions and focusing on possibilities

employ distraction, or communicate boundaries and consequences for crossing them to empower children	Letting the child know what behaviours are expected and why	Rules about communication and behaviour are age- appropriate and agreed with the adolescent
	Creating and practicing daily routines with the child to create a sense of security.	Preventing conflict by keeping rules and limits consistent
	Knowing and supervising what the child does with whom	Active awareness and some control of whereabouts, activities and friendships
Nonviolent discipline	Removing children from where the negative behaviour occurs and not offering them any attention, interaction, or fun things (use with caution).	Age-appropriate consequences for not meeting agreed expectations for communication and behaviour.
Strategies to respectfully and safely address a child's resistance, lack of cooperation, problem behaviour and to support appropriate behaviour	Ignoring negative behaviours (e.g. attention-seeking or demanding) by not talking about it and pretending not to see it	
	Redirecting the child's attention from negative behaviour to another activity (e.g. positive behaviour) to prevent the negative behaviour from occurring	
	Letting the child know or experience the natural consequences of a negative behaviour (e.g. "if you jump in the puddle, your feet will be cold and wet"), or setting a realistic logical consequence for a negative behaviour (e.g. "if you play on the tablet for more than an hour today, you cannot hang out with your friends tomorrow")	
Child and adolescent social-emotional learning	Developing the child's physical, cognitive and linguistic development	Strengthening abstract, reasoning and logical thinking
A process of acquiring social and emotional values, attitudes, competencies, knowledge and skills for children and adolescents	Teaching the child to recognize, describe and handle different emotions	Coaching emotion-regulation skills, such as accepting or managing negative feelings
	Teaching the child how to interact with others	Emerging engagement in decision-making, problem- solving and coping strategies, in line with capacity
	Teaching the child how to deal with daily problems	
Caregiver well-being	Helping the caregiver understand and regulate their own negative emotions (e.g., anger, stress, depression, or anxiety)	
Strategies to support parent/caregiver emotional well-being and mental health, which enable them to provide responsive caregiving	Helping the caregiver develop strategies (e.g., shared decision- making and effective communication) to cope with daily challenges, such as family conflicts	
	Referrals to mental health services, as needed	
	Supporting positive intimate partner relationships between caregivers, such as sharing responsibilities, open communication and conflict resolution	

Handout 2.4: Parenting interventions to prevent violence and promote development and mental health

1. Parenting & the prevention of violent disciplining

Parenting interventions are among the most effective strategies to reduce physical, emotional and psychological violence against children. They promote non-violent discipline, positive communication and empathy.

A large evidence base, including outcome evaluation studies from low-, middle- and high-income countries in all world regions, shows that parent and caregiver interventions can help prevent maltreatment and enhance early childhood and mental health. However, access to such interventions remains inadequate. For instance, the WHO 2020 Global status report on preventing violence against children (17) shows that just 26% governments said they were reaching all parents and caregivers who need such interventions and the UNICEF 2025 Countdown to 2030 early childhood development report (18) and WHO Mental health atlas 2020 (19) illustrates how coverage of essential interventions is insufficient in most countries.

Evidence: Interventions such as Parenting for Lifelong Health have significantly reduced harsh parenting and child maltreatment in low- and middle-income countries (1).

Case studies on how parenting interventions are being used to prevent and reduce violence in many different countries can be found here: <https://www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health>

And to YouTube video: <https://www.youtube.com/channel/UCKPqQsRzinQpwoy88-YK8zA>

2. Parenting & the prevention of gender-based violence

Improving parenting practices - especially among fathers and male caregivers - can contribute to reducing intimate partner violence and intergenerational cycles of gender-based violence.

Violence Against Children and Violence Against Women

coexist and intersect in multiple ways, and can each have devastating and long-lasting impacts*

unicef | for every child

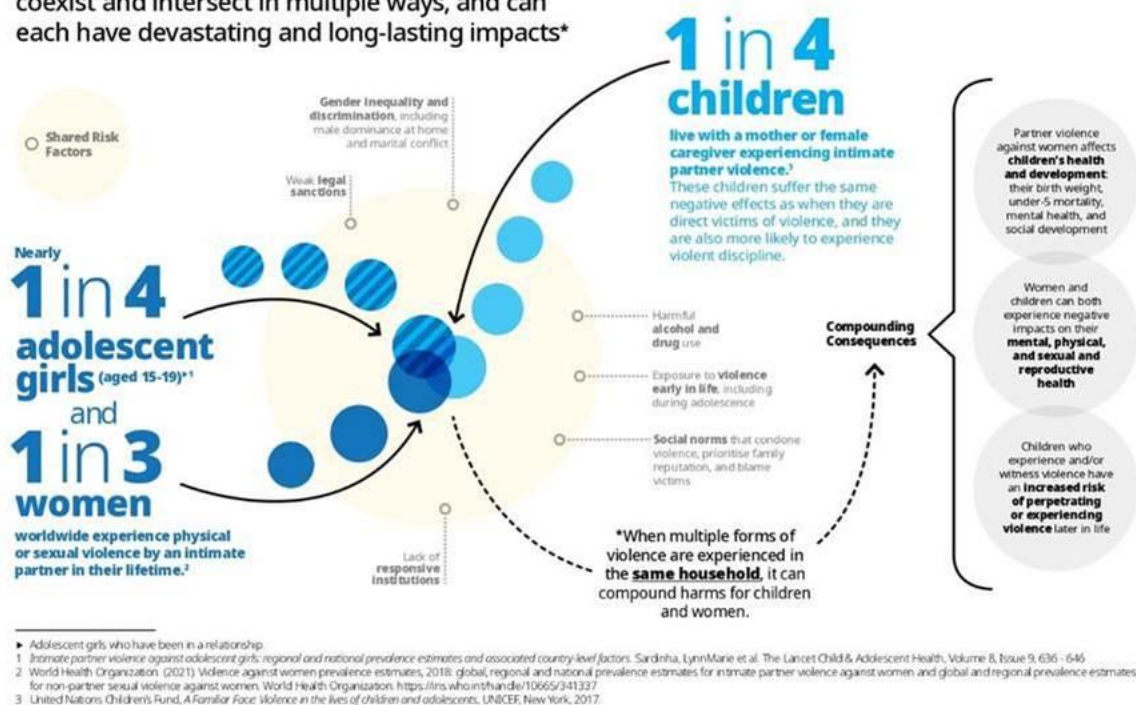


Fig. 7. Violence against women and violence against children (20)

Parenting interventions should actively challenge harmful social and gender norms that perpetuate violence, inequality and rigid power hierarchies between adults and children (“adultism”). According to WHO guidance (10), addressing norms is most effective when integrated across all levels of a parenting interventions – from curriculum content to facilitator behaviour. Programmes should:

- promote **equitable caregiving roles** by engaging parents and caregivers
- create space to reflect on how gender norms shape parenting expectations, emotional expression and discipline practices
- model **non-violent communication and shared decision-making** between adults and children
- encourage **child and adolescent participation** in age-appropriate ways, reinforcing their rights to voice and protection.

Facilitators should be trained to manage sensitive discussions about norms respectfully, acknowledging cultural diversity while reinforcing universal human rights principles.

This video provides a simple explanation of the links between different forms of violence in the home: Prevention Collaborative. [website] Preventing violence in the home. YouTube; 2021. Available from: <https://youtu.be/OcJq4izFrPA?si=zZmvZTXxvFQaFm4z>

Case studies: Promoting respectful relationships through parenting interventions

Parenting interventions that integrate messages on respectful relationships and gender equality have shown reductions in intimate partner violence and changes in attitudes toward gender-based violence.

The REAL Fathers Initiative (21) in Uganda worked with young first-time fathers (aged 16–25) to reduce violence at home and improve parenting. Through 12 mentoring sessions, the programme helped fathers learn how to care for their children without using violence, communicate better with their partners and share household decisions. The intervention led to better couple communication, although it had limited effects on attitudes supporting intimate partner violence and no clear change in gender norms, suggesting that deeper shifts in gender roles may need longer-term support and wider community involvement. Still, the programme successfully reduced physical punishment of children and emotional violence toward partners, showing that behaviour change is possible even before attitudes and norms shift. Feedback also suggests that involving female partners more directly could help strengthen the programme's impact. This highlights the importance of addressing gender in parenting interventions while also recognizing the need for sustained and inclusive approaches.

Parenting for Respectability is a 16-session parenting programme developed in Uganda, combining nine single-sex sessions with seven mixed-sex sessions for male and female caregivers. Delivered by trained community facilitators, the programme addresses parenting stress, harsh discipline, gendered socialisation and partner conflict, with a strong emphasis on involving fathers and promoting gender-equitable relationships. Six months after the intervention, participants reported 49% less violence against children, 51% less perpetration of intimate partner violence and 53% less victimisation by a partner compared to a control group. The programme also increased positive parenting, equitable gender socialisation and respectful partner communication. However, deeper changes in gender norms were limited, suggesting the need for longer-term or community-wide approaches. (22)

3. Parenting & the development of early social and emotional skills

According to the nurturing care framework (2), “parenting is one of the most powerful levers for supporting children’s early learning, health and well-being.” When parenting environments are positive and respectful, they contribute to stronger developmental and brain outcomes in young children. In contrast, exposure to adverse experiences during this stage can have amplified and lasting effects well into adulthood (2,12).

Case studies: Supporting nurturing care and nurturing relationships through life course parenting interventions

The nurturing care framework recognizes that young children need good health, nutrition, safety, early learning and responsive care from parents and caregivers to grow and thrive. To strengthen parenting support within this model, the Reach Up and Learn programme - originally from Jamaica and grounded in over 30 years of research - is now being adapted in settings such as Bangladesh, Syria and

Venezuela. The programme's vision is to build the capacity of organizations to train and support staff who work with families, using simple, low-cost activities to strengthen the parent-child relationship and promote child development. The programme is being adapted to different settings by offering sessions in small groups or by phone, using simple activities to help parents play, talk and bond with their children in everyday life (23).

WHO's Early adolescent skills for emotions programme supports adolescents aged 10–14 who are experiencing emotional distress and includes a key role for parents and caregivers. The programme involves seven group sessions for adolescents and three group sessions for caregivers, where parents learn about common signs of emotional distress, how to manage their own stress, and how to use praise, support and non-violent discipline to help their children cope. The parenting sessions were specifically tailored for adolescents, focusing on how to support emotional growth, encourage independence and build stronger, more respectful relationships during early adolescence. In Lebanon, the programme was tested with Syrian refugee families and showed that, three months later, caregivers reported feeling less stressed and were using fewer harsh or inconsistent parenting practices. While the results did not show a big difference between families who received the full programme and those who had just one session at home, the findings still show that parenting support can improve how adults care for and connect with their children during tough times (7).

4. Parenting & mental health and well-being

Parenting interventions are a powerful platform for strengthening the mental health of both caregivers and children. They equip caregivers with strategies to reduce stress, manage emotions and build confidence in their parenting role - fostering safer, more supportive home environments.

“Caregivers’ own well-being has a powerful effect on the mental health of adolescents. Caregiver support improves adolescent mental health outcomes.” (13)

Mental health benefits:

For caregivers:

- improved emotional regulation and stress management
- increased parenting self-efficacy and coping skills
- reduced symptoms of anxiety and depression.

For children and adolescents:

- strengthened emotional resilience and secure attachment
- reduced risk of anxiety, depression and behavioural problems
- enhanced psychosocial well-being and developmental outcomes.

Case study: Caregiver support to promote adolescent mental health

The Helping adolescents thrive toolkit provides a set of four evidence-based strategies to support adolescent mental well-being: enforcement of policies and laws, creation of supportive environments (schools, communities, digital spaces), caregiver support and adolescent psychosocial interventions. The toolkit includes operational guidance, implementation tools and real-world examples from countries in Europe, Asia, Africa and beyond to help practitioners adapt interventions to local settings. The Helping adolescents thrive toolkit provides many examples of parenting interventions to support adolescent mental health, including the following:(13)

Parenting for Lifelong Health for Teens is a community-based programme designed for both adolescents aged 10–17 and their caregivers, with a strong focus on strengthening their relationship and preventing violence. The programme actively involves adolescents through dedicated sessions that run alongside caregiver sessions, as well as joint weekly sessions where both groups build skills together. Using interactive methods like role-play, home practice and peer support, the programme helps adolescents and caregivers improve communication, manage stress and conflict and solve problems together. Implemented in countries across Africa and the Philippines, Parenting for Lifelong Health has led to reduced violence, better parenting practices, improved adolescent behaviour and lower stress and substance use in families. (19)

Strong Families is a short, structured psychosocial programme designed to improve family relationships and child behaviour in challenging settings. Implemented in Afghanistan, it includes seven sessions over three weeks - three for caregivers, two for adolescents and two joint family sessions. Caregivers learn stress management, positive discipline and how to strengthen bonds with their children, while adolescents explore coping strategies, responsibilities and their relationship with caregivers. Joint sessions focus on communication, shared values and gratitude. A pilot with families affected by conflict showed strong participation and encouraging results: caregivers reported fewer behavioural and emotional problems in their children and improvements in family functioning (13).

Module 3: Selecting an existing evidence-based parenting interventions

This module focuses on how to critically review and select parenting interventions based on scientific evidence, ensuring they are effective, coherent, contextually appropriate, adaptable, aligned with identified needs and scalable within the enabling environment and system.

By the end of this module, you will know how to:

- walk through the steps for selecting a scalable evidence-based parenting intervention
- apply the core principles of selecting a parenting intervention appropriate for your own context
- engage stakeholders at all levels and across sectors
- assess the needs and map existing parenting interventions
- understand readiness and enabling environments for scaling-up.

Handout 3.1 Overview of key design steps

Table 4. Key design steps

Design step	How to do it
Step 1: Conduct a needs assessment	• Ideally, a needs assessment draws on multiple sources of information: ○ existing data from national and local surveys, reports, or service monitoring systems ○ stakeholder consultations with caregivers, service providers and community actors ○ formative research exploring local parenting practices, social norms and specific risk factors, especially around violence and gender inequality. • When possible, efforts should be made to segment the population (e.g., adolescent parents, caregivers of children with disabilities, marginalized ethnic or linguistic groups) to understand how different needs may require different strategies. • However, in resource-constrained settings, it may not be feasible to undertake comprehensive data collection. In such cases, programme designers should make the most of what is available, leveraging existing reports, rapid consultations, or informal community dialogues and strive to include diverse voices and perspectives wherever possible. • Even limited or small-scale data collection can provide valuable insights to shape a more responsive and equitable programme. Importantly, findings should always be validated with local actors to ensure shared understanding and build ownership from the outset.
Step 2: Map and engage stakeholders	• Identify key individuals and groups. These include parents and caregivers, children (where appropriate) as core stakeholders, along with programme implementers, government representatives, service providers and civil society organizations. • Engage a diverse range of voices. Involve local leaders, faith actors, adolescents and youth representatives, and other community influencers who can contribute to shaping and supporting the intervention. • Start early and maintain engagement throughout. Stakeholder involvement should begin at the design stage and continue through piloting, implementation and scale-up. Early engagement fosters alignment and trust. • Ensure inclusion of marginalized groups. Actively seek out those often excluded from parenting interventions, such as adolescent parents, single caregivers and families affected by disability. Inclusive engagement leads to more equitable and responsive design.

	• Adapt engagement strategies for complex settings. In humanitarian or fragile contexts, families may be displaced, undocumented, or difficult to reach. Use trusted local actors and flexible methods to ensure their voices are heard. • Validate needs assessment findings with stakeholders. Before moving into design, present the assessment results to parents, caregivers, programme partners and decision-makers. This creates a shared understanding of the issues, builds consensus around priorities and helps define key features of the intervention. It ensures that programme objectives are shaped by those with lived experience and those responsible for implementation and scale-up. • Make participation meaningful. Go beyond consultation. Create space for stakeholders to influence decisions, co-develop solutions and shape programme direction based on their experience and insight.
Step 3: Review existing programmes	• Scan for existing evidence-based parenting interventions. Start by reviewing national and global databases, programme repositories and research networks for parenting interventions with demonstrated outcomes. • Assess relevance and alignment. Compare available programmes with your needs assessment findings. Consider: ○ target population match (e.g. age, caregiving role, socio-cultural group) ○ key content areas (e.g. discipline, emotional bonding, gender norms) ○ delivery setting and format (e.g. group-based, home visits, digital) ○ feasibility of integration with existing systems or services. • Evaluate adaptability. Review which components are core to the programme's effectiveness, and which can be adapted for local language, culture and delivery. Determine whether local partners can support the adaptation process. • Choose between co-adaptation and co-design. ○ Co-adaptation is appropriate when an existing, evidence-based model aligns with community needs but requires some modification. It involves working with developers and local actors to adjust delivery while maintaining programme fidelity. ○ Co-design is suitable when no existing model fits the context or when community ownership is a priority. It involves jointly developing a new programme with community members, guided by principles of evidence and equity.

	• Document the rationale for your choice. Clearly record why a specific model was chosen, how it will be adapted or co-designed and who will be involved in that process. This improves transparency and supports future evaluation and scale-up.
Step 4: Define objectives and outcomes	• Define goals that reflect desired improvements in child and caregiver well-being, such as reduced harsh discipline or enhanced parent-child bonding. • Ensure objectives are Specific, Measurable, Achievable, Relevant and Time-bound. • Align goals with national development plans, sectoral strategies, or global commitments like the Sustainable Development Goals. • Collaborate with community members, implementing partners and government representatives to co-create objectives that are meaningful and feasible within the local context. • Clear and measurable goals set the stage for the next step: developing a theory of change to explain how these outcomes will be achieved through programme activities.
Step 5: Develop the programme's theory of change	There are two common approaches: • Use an existing theory of change: If adapting a programme that has already been evaluated and includes a theory of change, it may be sufficient to adopt it with minor contextual adaptations. This is often appropriate for surface-level adaptations. • Develop a new theory of change: In cases of co-design or deep adaptation, a tailored theory of change is needed. This can be developed through the following steps: ○ Define the problem and target population – Use needs assessment findings and stakeholder input to articulate the issue the intervention seeks to address, such as harsh parenting practices and define who the intervention will support (e.g., adolescent parents). ○ Set clear goals – Define specific, measurable and attainable outcomes for the intervention. These may include reduced use of violent discipline, improved child well-being, or increased male caregiver involvement. ○ Analyse contributing factors – Identify the underlying drivers of the problem (e.g., harmful gender norms, parental stress, lack of knowledge) and protective factors (e.g., community support, positive role models). ○ Map pathways to change – Draw on relevant behavioural and developmental theories (e.g. attachment theory, social learning theory) and empirical evidence to define how programme activities will lead to intermediate outcomes (e.g. increased parenting confidence) and ultimately, long-term change (e.g. reduced violence).

	Once developed, the theory of change can be illustrated through a diagram, logic model, or narrative. It should be reviewed and refined through stakeholder consultation and updated regularly based on monitoring and evaluation data.
Step 6: Develop programme content and structure	- Structure sessions logically: Organize content in a sequence that reflects children's developmental stages and the evolving needs of caregivers. Start with foundational concepts and build towards more complex topics. - Use participatory techniques: Include interactive methods like group discussions, storytelling, role-plays and problem-solving exercises. These approaches enhance learning and help caregivers practice new skills. - Incorporate gender-transformative principles: Ensure that content promotes gender equality, challenges harmful norms and engages both men and women as caring, capable caregivers. Encourage men to reflect on gender roles and support more equitable parenting practices. - Engage communities: Involve parents, children and community stakeholders in the design or adaptation of content. Early engagement fosters buy-in, reduces backlash and improves contextual fit. - Use positive, strengths-based messaging: Frame content in ways that affirm caregivers' intentions and capabilities. Emphasize benefits such as stronger family bonds and peaceful households rather than focusing solely on violence prevention. - Promote women's and children's rights and safety: Integrate safeguarding measures and ensure content supports women's autonomy and child protection. Include guidance on how to respond safely to disclosures. - Ensure cultural appropriateness: Develop content and visuals that align with local values and traditions and test them with the community. - Adapt for accessibility: Tailor materials to different literacy levels, languages and learning preferences. Use visual aids, stories and locally relevant examples. - Pilot and refine: Test content and delivery with a small group. Use their feedback to improve clarity, relevance and effectiveness before scaling. Designing with gender and cultural relevance at the core not only strengthens impact but also increases the likelihood of sustained changes at both family and community levels.
Step 7: Select delivery platforms	Identify feasible and trusted settings: Consider where parents and caregivers already go for services or support. This may include health facilities, early childhood development centres, schools, places of worship, or community organizations. Digital platforms

	and mobile outreach can also extend reach in settings where in-person delivery is limited. • Assess accessibility and inclusion: Ensure the selected platforms are accessible to all segments of the target population, including those in remote areas, marginalized communities, or with disabilities. Consider physical accessibility, language, safety and gender dynamics. • Evaluate system readiness: Review whether the platform has the infrastructure, staffing and institutional support needed to deliver the programme consistently and at scale. This includes considering whether staff need additional training, support, or supervision to take on new responsibilities. • Explore opportunities for integration: Embedding the programme within existing services (e.g., maternal and child health, education, child protection, or social protection systems) can enhance sustainability and efficiency. Look for platforms already involved in family outreach or service delivery to reduce duplication and build on what works. • Tailor delivery to population needs: Different delivery platforms may be suitable for different groups. For instance, adolescent caregivers may be better reached through youth clubs or digital channels, while families at risk may require home-based or one-on-one support. • Pilot and review: Before scaling up, pilot the programme within selected platforms to assess suitability, gather feedback and make necessary adjustments.
Step 8: Build the parenting workforce	• Identify who will deliver the programme: These may include community health volunteers, social workers, teachers, early childhood development staff, or non-governmental organisation personnel, depending on context and reach. • Establish clear selection criteria: Choose facilitators who are trusted in the community, committed to working with families and open to personal learning and reflection. • Design supervision and support systems: Plan for regular mentoring, peer learning and refresher training. Supervision helps ensure fidelity, address challenges and support facilitators' well-being. • Develop a comprehensive training package: Create or adapt training materials that cover programme content, facilitation skills, child safeguarding, gender sensitivity and how to respond to disclosures of violence. Training should be participatory and practical. • Provide experiential learning: Facilitators should go through the programme themselves as part of their training. This helps them understand the content fully and experience the intervention as

	caregivers would. Experiencing the sessions supports their personal growth, enhances empathy and strengthens delivery. A well-prepared workforce lays the groundwork for safe, respectful and effective delivery of parenting interventions across diverse settings.
Step 9: Generate demand and facilitate access	• Use local and culturally appropriate communication channels (e.g. community radio, places of worship, social media, local leaders) to promote the programme. • Involve trusted community actors and champions to build credibility from the start. • Address stigma by framing the programme in positive, aspirational terms - e.g., “building stronger families.” • Design logistical supports early, such as childcare, transport stipends, or flexible session timing. • Consider inclusive formats (e.g., digital access, weekend sessions) to reach underserved or working caregivers. • Monitor likely barriers with potential participants before implementation and co-develop solutions.
Step 10: Strengthen support strategies and partnerships	• Secure early commitment from a lead government agency to anchor and coordinate the programme. • Engage policy-makers and service providers in design discussions to facilitate future integration. • Map and involve multisectoral coordination structures (e.g., violence against children, gender-based violence, early childhood development) as early partners. • Advocate for formal recognition of parenting support in national strategies with earmarked budgets. • Build a diverse coalition government, civil society, faith groups, media, private sector to promote shared responsibility. • Integrate layered delivery strategies from the start, tailored to diverse family needs. • Plan delivery through existing, trusted community structures to enhance ownership and legitimacy.

Handout 3.2 Key steps in selecting an evidence-based parenting intervention

Selecting a suitable parenting intervention begins with identifying existing programmes that are evidence-based and relevant to the local context and understanding the systems and enabling environments in which interventions operate. There are ten key steps to follow. Module 3 covers the first three steps:

- **map and engage stakeholders** - Identify who needs to be involved
- **conduct a needs assessment** - find out what families actually need
- **review existing parenting interventions** - see what works elsewhere.

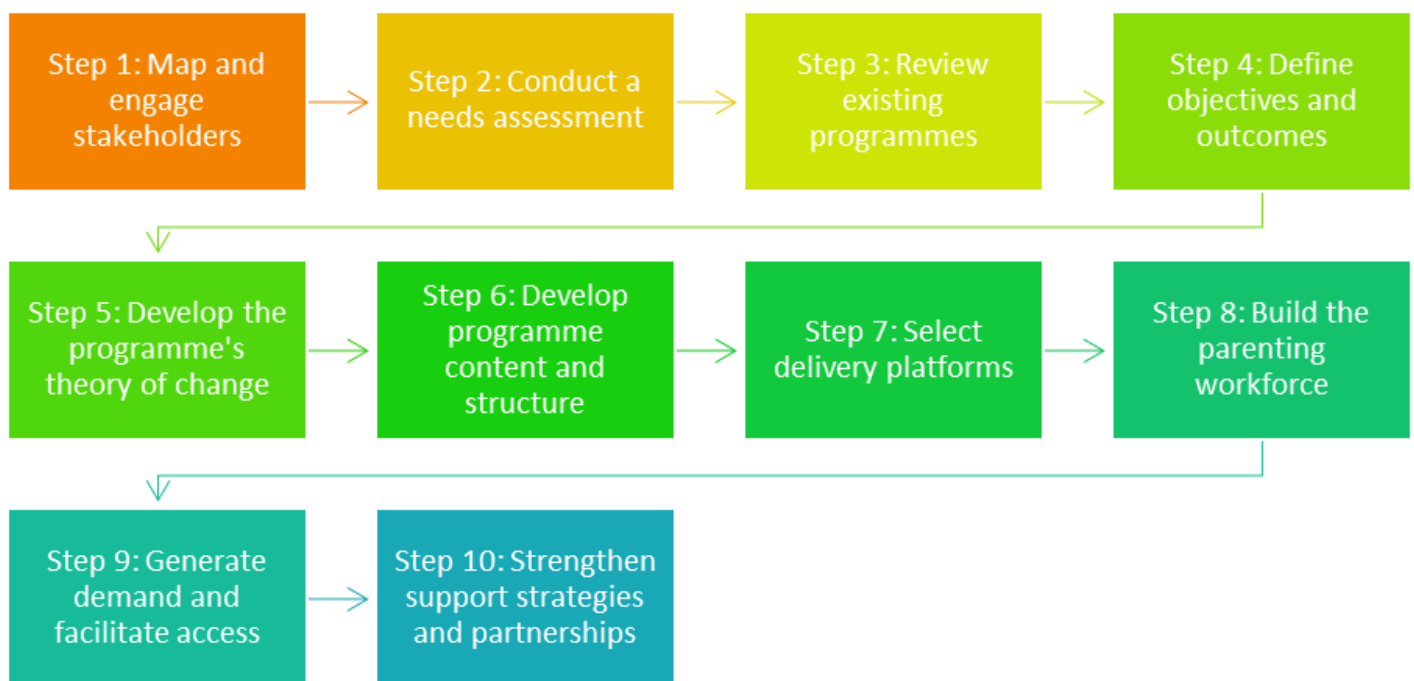


Fig. 8. Ten steps in selecting an evidence-based parenting intervention (4)

The other seven steps are covered in later modules when we discuss how to design and adapt programmes.

These steps provide a framework, not rigid rules. Use them as a guide while adapting to your local circumstances and resources. You don't always need to follow these ten steps in exact order. You can adjust the process based on:

- information you already have
- your system and enabling environment
- your country's progress in scale-up
- decisions that have been made
- your specific situation and context.

Handout 3.3: Step 1: Map and engage stakeholders

Effective parenting intervention design begins with meaningful engagement of stakeholders, those directly affected by the intervention and those involved in its development, delivery, or oversight. Stakeholders are individuals or groups with an interest in a parenting intervention, including those directly affected - such as children and families - as well as community members, government authorities and civil society organizations. These stakeholders will also represent a range of sectors that interact with families, including social protection, education and health. Involving stakeholders throughout the planning, delivery and evaluation stages helps ensure the intervention is practical, acceptable, scalable and well-resourced. This is especially important when scaling up and sustaining parenting interventions nationally, but also matters for smaller, low-cost initiatives to support sustainability and impact.

How to do it:

- **Identify key individuals and groups.** These include parents and caregivers, children (where appropriate) as core stakeholders, along with programme implementers, government representatives, service providers and civil society organizations
- **Engage a diverse range of voices.** Involve local leaders, faith actors, adolescents and youth representatives and other community influencers who can contribute to shaping and supporting the intervention
- **Start early and maintain engagement throughout.** Stakeholder involvement should begin at the design stage and continue through piloting, implementation and scale-up. Early engagement fosters alignment and trust
- **Ensure inclusion of marginalized groups.** Actively seek out those often excluded from parenting interventions, such as adolescent parents, single caregivers and families affected by disability. Inclusive engagement leads to more equitable and responsive design
- **Adapt engagement strategies for complex settings.** In humanitarian or fragile contexts, families may be displaced, undocumented, or difficult to reach. Use trusted local actors and flexible methods to ensure their voices are heard
- **Make participation meaningful.** Go beyond consultation. Create space for stakeholders to influence decisions, co-develop solutions and shape programme direction based on their experience and insight.

Start by mapping all potential supporters and opponents, considering their interests, resources and influence.

Table 5. Levels of engagement strategies

Level	Examples
Essential	• Community sensitization sessions • Informal feedback from families
Intermediate	• Consultations with frontline staff • Engagement with local authorities
Advanced	• Cross-sector collaboration (e.g., health, education, social protection) • Involvement of ministries (gender, child development and finance) for policy and budgeting alignment

Stakeholder mapping tool

Stakeholder	Interest in issue (Nature and level of interest in issue, e.g., high, low)	Resources available to get involved in parenting intervention
Children		
Adolescents		
Parents and caregivers (are there any specific categories, e.g., male caregivers, adolescent parents and caregivers, caregivers of children with disabilities, alternative caregivers, etc.)		
Other family members		
Existing community parenting facilitators		

Other frontline service providers e.g., community health volunteers, counsellors, health providers and other individuals who work directly with participants and community members.

Implementation managers – people already providing parenting or similar work (government, civil society organisations, faith-based organisations and other non-governmental organisations)

District or regional planners and policy-makers (e.g., health, social welfare, education, etc.?)

Government financial actors

Donors

Private sector

Researchers and academics

Handout 3.4: Step 2: Conduct a needs assessment

Ideally, a needs assessment draws on multiple sources of information:

- existing data from national and local surveys, reports, or service monitoring systems
- stakeholder consultations with caregivers, service providers and community actors (this has started in Step 1)
- formative research exploring local parenting practices, social norms and specific risk factors, especially around violence and gender inequality – this is not always necessary.

When possible, efforts should be made to segment the population (e.g., adolescent parents, caregivers of children with disabilities, marginalized ethnic or linguistic groups) to understand how different needs may require different strategies. Make the most of what is available, leveraging existing reports, consultations or informal community dialogues. Strive to include diverse voices and perspectives wherever possible. Even limited or small-scale data collection can provide valuable insights to shape a more responsive and equitable programme. Importantly, findings should always be validated with local actors to ensure shared understanding and build ownership from the outset.

Gathering and validating data

- Identify who will conduct the assessment: this may involve recruiting a consultant or contracting a qualified organization.
- Organize data collection workshops to compile and analyse available information.
- Decide how findings will be documented and presented for different audiences (e.g., policy-makers, programme managers, community stakeholders).
- Draft the findings and validate them with key stakeholders to ensure accuracy and shared understanding.

Key information

- Everyday parenting practices and key challenges faced by caregivers
- Knowledge and beliefs about child development
- Attitudes toward positive and non-violent parenting practices
- Social norms and community expectations around parenting
- Socioeconomic conditions affecting families, including income and stressors
- Levels of violence against children and women
- Availability of parenting support services (formal and informal)
- Access to and satisfaction with existing parenting programmes
- National and local data on child and family wellbeing

Handout 3.5: Step 3: Reviewing existing interventions

Once the needs and priorities of families are well understood, the next step is to assess whether existing parenting interventions can meet those needs or whether a new programme must be developed. This step helps prevent duplication, conserve resources and build on what has already proven effective. Designing a programme from scratch can be time-consuming and resource-intensive. In many cases, well-developed, evidence-based parenting interventions may already exist and can be adapted to fit the local context. Reviewing these options allows implementers to assess suitability, identify transferable components and evaluate feasibility for adaptation. This step also involves choosing between:

- Co-adaptation: Modifying an existing intervention in collaboration with stakeholders while maintaining its core components.
- Co-design: Developing a new intervention in close partnership with communities and stakeholders when no existing model is suitable or when community ownership is a key priority.

The decision depends on how well an existing intervention aligns with the context, target population and adaptability without compromising effectiveness.

How to do it

- Scan for existing evidence-based parenting interventions. Explore national and global databases, programme repositories and research networks for interventions with demonstrated outcomes.
- Assess relevance and alignment with the needs assessment findings, considering:
 - target population match (e.g., age, caregiving role, socio-cultural group)
 - key content areas (e.g., discipline, emotional bonding, gender norms)
 - delivery setting and format (e.g., group-based, home visits, digital)
 - feasibility of integration with existing systems or services.
- Evaluate adaptability. Identify which components are essential to the programme's effectiveness and which can be adapted (e.g., language, cultural references, delivery methods). Assess the capacity of local partners to support the adaptation process.
- Choose between co-adaptation and co-design.
 - **Co-adaptation** is suitable when a programme broadly fits local needs and can be adjusted without compromising fidelity.
 - **Co-design** is preferable when no relevant model exists or when full community ownership is a priority. This involves developing a new programme together with local actors, guided by evidence and equity principles.

- Document the rationale for your choice. Clearly record the decision-making process, including the justification for selecting or designing the programme, the adaptation approach and the actors involved. This enhances transparency and supports future evaluation and scale-up.

The WHO recommends using the most thorough approach you can manage with your available time, money and staff. Understanding all your options helps you make better choices when creating or adapting parenting interventions for your families and communities.

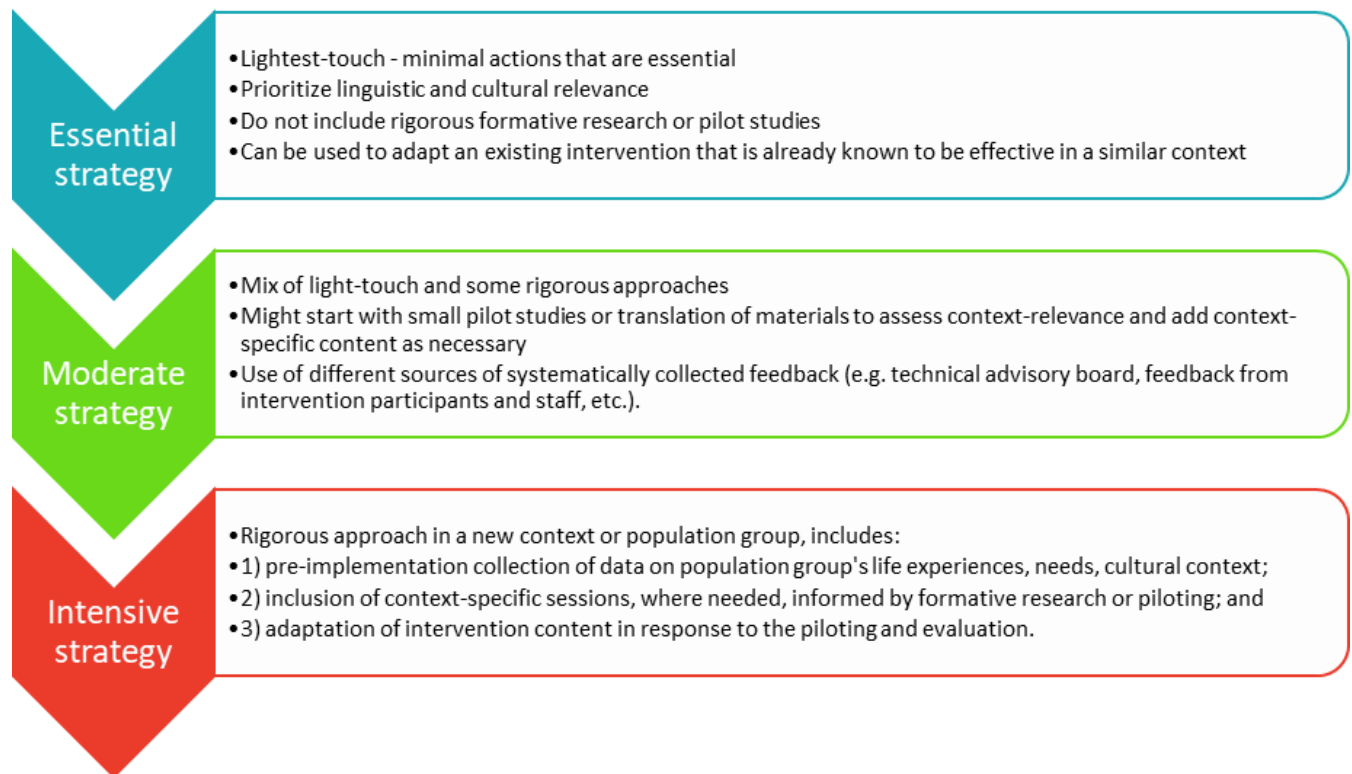


Fig. 9. Strategies for creating or adapting parenting interventions (4,24)

Designing, implementing, evaluating and scaling up parenting interventions (4) recognizes a range of strategies:

Essential strategies are the minimum requirements for creating or adapting a parenting intervention. Example: Translating a parenting curriculum that is already known to be effective in a similar context into the local language and adjusting examples to reflect local family structures and daily routines.

Moderate strategies combine light-touch approaches with more rigorous methods when you have some - but not abundant - resources. Example: Adapting a parenting intervention by conducting focus groups with local parents, testing materials with a small group and adding a session on a locally relevant challenge based on feedback.

Advanced strategies represent the gold standard in designing or adapting parenting interventions. Example: Conducting in-depth interviews with community members, creating culturally specific programme materials, running multiple pilot tests and systematically evaluating outcomes before full implementation.

When to use advanced strategies:

- when resources and time permit
- for new target populations with unique needs
- when addressing complex parenting challenges
- when sustainability and scaling are primary goals.

Module 4: Designing or adapting parenting interventions

Now that the process of identifying evidence-based parenting interventions has been explored, the next step is to consider how to design or adapt them for real-world application and scaling-up. Whether starting from scratch or working from an existing model, effective parenting interventions must be grounded in evidence and reflect the lived realities of the families they aim to support - including caregiving practices, local challenges and available resources. Before a parenting intervention can be scaled, it must be designed or adapted with these factors in mind.

By the end of this module, you will be able to:

- describe the key steps in designing or adapting an evidence-based parenting intervention
- differentiate between co-design and co-adaptation and apply each approach based on context and need
- identify core programme elements that must be preserved during adaptation to maintain fidelity, effectiveness and reach sustainable scale
- apply practical tools to tailor interventions to local realities, including delivery platforms, partnerships and system readiness.

Handout 4.1: Key steps diagrams

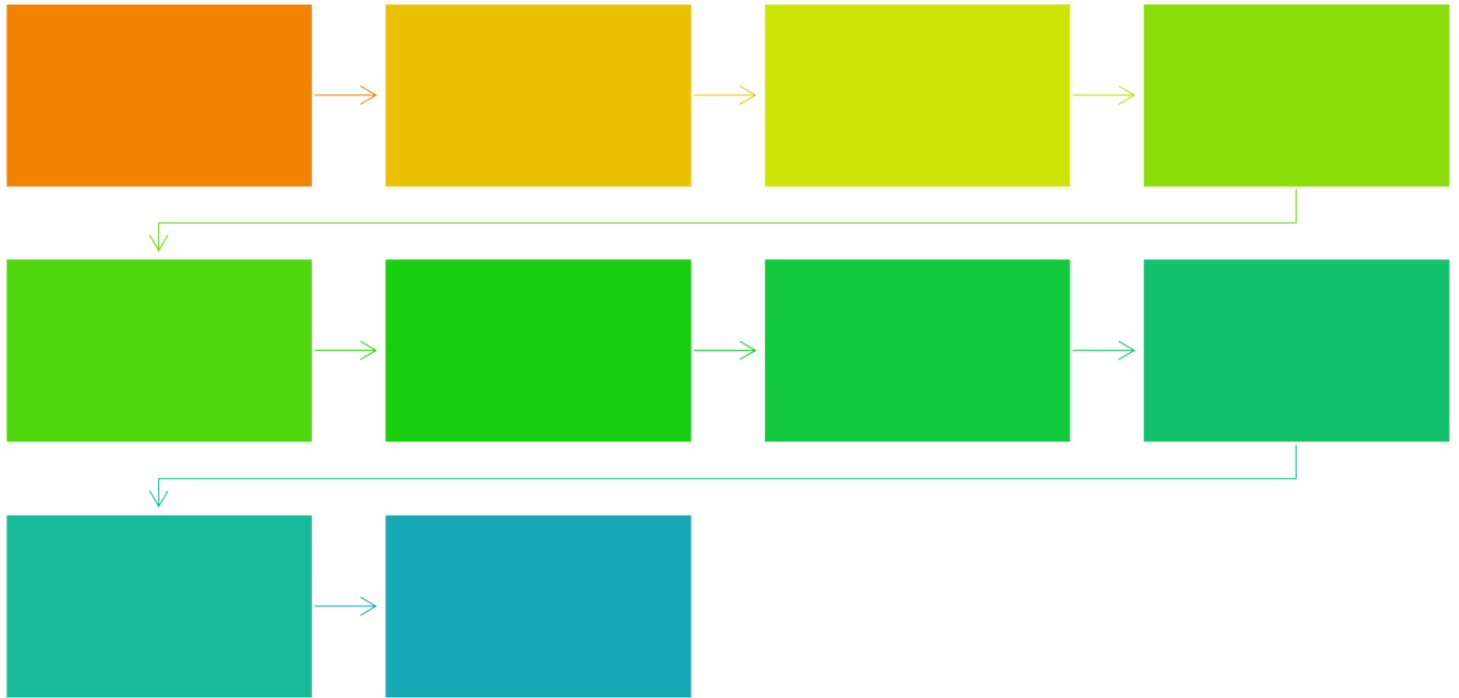


Fig. 10. Empty steps diagram for activity

Handout 4.2 Adapting parenting interventions for context

Key definitions

- **Adaptation** is the intentional process of making modifications to a model activity so it can be transferred from an original model site to a target site(s).
- **Co-design** refers to collaboratively developing a new parenting intervention with local stakeholders when no suitable model exists that could be adapted to meet the local need, or when local ownership and alignment are paramount.
- **Co-adaptation** involves modifying an existing evidence-based intervention in collaboration with stakeholders to suit a new need, context or setting while preserving the programme's core elements.

Table 6. Co-design versus co-adaptation

Feature	Co-Design	Co-Adaptation
Starting point	No suitable programme exists	Existing programme developed elsewhere is available
Main approach	Develop new content with stakeholders	Modify existing content (initially developed for another context or setting) with stakeholder input
Community ownership	High from the outset	Builds through adaptation process
Resource requirements	Higher (more time and cost)	Moderate (requires technical review and validation)
Role of evidence	Builds on global evidence and local insight	Anchored in existing evidence of effectiveness

Choosing between co-design and co-adaptation

The choice between co-design and co-adaptation is not an either/or decision. Each approach has benefits depending on the context, available evidence, programme goals and local capacity.

- **Co-design** is most appropriate when no suitable model exists or when there is a need to develop a new intervention that fully reflects the local context. This approach enhances community ownership, contextual relevance and trust.

- **Co-adaptation** is a practical solution when there is an existing, evidence-based model to build from. It helps save time and resources, while still requiring careful, participatory adjustments to ensure contextual fit without compromising fidelity.

The WHO caregiver skills training for families of children with developmental delays or disabilities: adaptation and implementation guide outlines step-by-step guidance for adapting parenting materials. Although focused on disability, the principles are widely applicable to other parenting interventions and contexts. (15)

Why adapt parenting interventions?

Parenting needs vary significantly across cultures, socioeconomic settings and family circumstances. Adapting a parenting intervention helps ensure that it is relevant, culturally appropriate and feasible within a given context - while maintaining the core elements that contribute to its effectiveness. Well-adapted interventions improve acceptability, uptake and long-term sustainability.

Common reasons for adaptation:

- differences in parenting values, norms, or communication styles
- variation in delivery platforms (e.g. school-based vs. community-based)
- language barriers or low literacy among caregivers
- limited facilitator capacity or availability
- the need to include underserved or vulnerable populations not represented in the original design.

Adaptation ensures that interventions reflect the lived experiences and priorities of the families they are meant to support.

Types of adaptation

Adaptations are typically categorized into two levels:

- **Surface-level adaptation:** Minor changes to improve cultural relevance without altering core content. Examples include translating materials, updating illustrations, or replacing examples with locally relevant ones.
- **Deep-structure adaptation:** Substantive modifications to content or delivery methods, often informed by formative research and stakeholder input. This may involve adding or restructuring sessions to address local risk factors or family dynamics.

Handout 4.3 How to carry out co-adaptation

Co-adaptation is a participatory and systematic process used to adjust an existing evidence-based programme to a new context. It should be grounded in a clear theory of change and guided by available evidence.

Steps for co-adaptation:

1. **Select an evidence-based intervention**
Choose a parenting intervention with demonstrated effectiveness and relevance to your intended outcomes
2. **Assess fit with the context**
Use needs assessment data to evaluate alignment with the target population, existing systems, delivery platforms and cultural norms
3. **Map core and adaptable (peripheral) components**
Identify which components must be preserved for effectiveness and which can be modified for local relevance
4. **Engage local stakeholders**
Involve caregivers, facilitators and community representatives to review and refine content, visuals and delivery methods
5. **Apply an adaptation framework**
Use structured frameworks like the ecological validity model to guide adaptation across eight culturally sensitive dimensions:
 - a. Language
 - b. Persons (e.g. facilitators)
 - c. Metaphors
 - d. Content
 - e. Concepts
 - f. Goals
 - g. Methods
 - h. Context
6. **Pilot the adapted model**
Test a small-scale version of the adapted intervention. Gather feedback and refine accordingly
7. **Document and validate adaptations**
Record all changes and their rationale. If possible, consult the original developers or technical experts for validation.

Case study: co-design vs. co-adaptation in Uganda

Two examples from Uganda highlight different approaches:

Parenting for Respectability was **co-designed** through a community-led process involving researchers, local leaders and caregivers. The intervention was created from the ground up to reflect local priorities and values.

Parenting for Lifelong Health for Teens, originally developed in South Africa, was **co-adapted** for use in Uganda under the DREAMS initiative. Adaptations included translated content, modified activities and schedule adjustments to fit local service integration needs.

Both approaches were successful, but each required careful consideration of context, community priorities and available resources.

Balancing fidelity and adaptation

Parenting interventions are implemented across diverse settings, which makes adaptation both necessary and inevitable. However, changes to programme content or delivery must be made carefully to avoid compromising fidelity - the integrity of the elements that make the programme effective.

Understanding fidelity and adaptation

When implementing programmes in new cultural or operational contexts, adaptations may be required - such as translating materials, modifying session length, or using locally relevant examples. While adaptation helps improve contextual fit, it must not alter the core elements that drive the programme's effectiveness.

Key definitions

- **Adaptation:** Modifications to improve a programme's relevance or fit in a specific context (e.g. language, format, local examples).
- **Fidelity:** The degree to which a programme is implemented as originally designed, preserving its core components.
- **Core elements:** Essential features that must remain intact to ensure the programme's effectiveness (e.g. theory of change, delivery method, content).
- **Peripheral elements:** Non-essential components that can be adapted without undermining effectiveness (e.g. session length, facilitator style, illustrative examples).

Key takeaway

Adaptation is not about change for its own sake. It is a strategic, evidence-informed process to ensure parenting interventions are meaningful, inclusive and effective. Whether using co-design or co-adaptation, success depends on participatory methods and a clear framework for decision-making.

Handout 4.4: Adaptation case studies (4)

Case study: Engaging street-connected communities for the adaptation of Malezi Bora, Kenya

The Malezi Bora project is a participatory action research project to adapt, implement, and evaluate an evidence-based parenting intervention for parents in street situations in Kenya. More than half of the data collection team had lived experience on the streets and male caregivers and a parent advisory group guided the development and refinement of the research questions and data collection tools; co-analyzed the data using arts-based and participatory approaches; co-created an emerging theory of change; and planned for and participated in research dissemination. Engagement also included a community-building day for team-building activities to build trust. All received in-depth research training, as well as an equal opportunity to engage in different research activities. No major decisions about the research were made without endorsement by the parent advisory group.

Case study: Cultural adaptation of Generation PMTO, USA

The multi-step process started with the adaptation for Latino and Latina immigrant populations in the USA. This process consisted of adaptations focused exclusively on the core parenting components of the intervention and a culturally relevant renaming. Researchers established a collaboration with community leaders keen to offer a parenting intervention that addresses parenting issues and supports families with immigration-related challenges such as discrimination and familial bicultural stressors and used a differential cultural adaptation design. Parenting interventions components were complemented by sessions focused on strategies to help parents cope with immigration-related challenges.

Case study: Using implementers to adapt Generation PMTO, Chile

This initiative professionally translated the original English-language based group version of Generation PMTO. Two bilingual certified trainers completed a thorough revision of the Spanish version of the parent materials to ensure their cultural relevance and linguistic appropriateness for the Chilean context. An initial pilot was done followed by caregivers' feedback incorporated into a final adapted version.

Case study: Adapting Triple P during implementation with providers, China, Hong Kong SAR

The adaptation of Triple P in China, Hong Kong SAR is an example of surface adaptation to a new context. For this adaptation of Triple P, the researchers and intervention providers were skilled local psychologists experienced in parent and family work. Translation into Cantonese and minor adaptations for urban low-income families were made based on families' feedback. Very few additional adaptations were needed because of the cultural and professional competence of the local psychologists.

Module 5: Implementing parenting interventions

This module focuses on the practical systems and operational foundations needed to implement evidence-based parenting interventions effectively and at scale. Moving from a well-designed programme to one that consistently reaches the children and families who need it most requires sustained institutional leadership, coordinated action across sectors, and workforce and community engagement strategies that can be scaled up beyond a pilot or local-level scale. By the end of this module, you will be able to:

- analyse the requirements for effective institutional leadership and coordination of parenting support at scale
- evaluate the role of each key sector in delivering parenting support and assess how referral systems can be strengthened across sectors
- assess the minimum resource requirements for scaling, including approaches to cost-effectiveness and sustainable government financing
- assess minimum resource and financing requirements
- develop strategies for building, training and retaining a workforce that can sustain quality delivery at scale
- design approaches to reach and retain families across diverse contexts, including strategies to identify and address barriers to engagement.

Additional key resources for Module 5:

- The Prevention Collaborative. Programming to prevent violence against women: practice brief on training and mentoring community facilitators. Washington: DC; 2018 (https://prevention-collaborative.org/wp-content/uploads/2021/08/Prevention-Collaborative_2018_Training-and-Mentoring-Facilitators.pdf).
- Jewkes, R, Willan, S, Heise, L, Washington, L, Shai, N, Kerr-Wilson, A, Christofides, N. Effective design and implementation elements in interventions to prevent violence against women and girls: what works. Pretoria: South Africa; 2020 <https://www.whatworks.co.za/documents/publications/373-intervention-report19-02-20/file>).
- United Nations Children's Fund. Programming guidance: parenting of adolescents. New York: United Nations Children's Fund; 2021 (<https://www.unicef.org/documents/parenting-adolescents-programming-guidance>).
- United Nations Children's Fund Innocenti – Global Office of Research and Foresight, Prevention Collaborative, Equimundo. Parenting programmes to reduce violence against children and women: what gender-transformative programmes look like (Brief 2). Florence: UNICEF Innocenti; 2023 (<https://www.unicef.org/innocenti/media/3461/file/UNICEF-Innocenti-Parenting-Programmes-Reduce-Violence-Children-Women-Brief-2-2024-EN.pdf>).

Handout 5.1: Institutional leadership and coordination

Strong national and institutional leadership is vital to scale and sustain parenting interventions. WHO highlights the importance of establishing a **central coordinating institution**, governmental or non-governmental, with the mandate, capacity and cross-sector relationships to take overall responsibility for quality, evidence and programme standards.

Key functions of a coordinating institution:

- develop and maintain a **national parenting workforce strategy** (training, supervision, certification)
- coordinate across sectors to **integrate parenting within** health, education and social systems
- establish and maintain **quality assurance and fidelity monitoring** using national standards
- advocate for **sustainable financing and integration** into national budgets and plans
- lead **data collection, research and continuous learning** across programmes
- manage and disseminate a **national evidence base** on what works, for whom and in what contexts.

Coordination mechanisms

A mandate alone is insufficient. Effective coordination requires functioning mechanisms.

Table 7. Mechanisms for coordination

Mechanism	Purpose
National steering committee	Cross-sector body with representation from health, education, child protection, social protection and justice that meets regularly to align priorities and review progress
Shared standards and frameworks	Common definitions, quality criteria and fidelity tools used across all delivery sectors to ensure consistency
Joint planning and review cycles	Regular cross-sector planning meetings to align priorities, identify gaps and act on monitoring data
Information sharing systems	Common referral protocols, data collection tools and reporting formats across sectors

**Cross-sector
capacity building**

Training and technical support available to the full range of sectors delivering parenting support

Challenges and enablers of cross-sector collaboration

Multisectoral collaboration is critical - but not without challenges. These must be addressed early in the design phase to ensure alignment and sustainability.

Common challenges include:

- fragmentation of services and siloed mandates
- lack of shared planning tools or goals
- inconsistent funding streams or workforce capacity gaps.

What this means for policy-makers:

- identify which institution currently plays or should play the coordinating role, and whether it has the mandate and resources to do so
- assess gaps in current coordination mechanisms and prioritize which to address first
- ensure the coordinating institution has formal cross-sector relationships, not just informal ones
- build institutional memory because coordination capacity must survive staff turnover and electoral cycles.

Handout 5.2: Multisectoral collaboration and referral systems

Parenting interventions are most effective when embedded within a broader system of care. No single sector can meet the full range of family needs across the life course. Effective multisectoral collaboration ensures consistent messages, continuity of care, equitable reach and sustainable integration into existing systems rather than parallel structures. A key practical mechanism for making this work in practice is an effective referral system, which is the means by which families are connected to the right level of support at the right time, regardless of which sector first identifies the need (3).

Sectoral entry points

Table 8. Entry points

Sector	Key entry points for parenting support
Health	Perinatal care; developmental monitoring; mental health screening; routine child and adolescent health contacts
Education	Early childhood centres; schools; parent–teacher structures; school health services
Child protection	Family assessment and case management; care reform and alternative care; safeguarding referrals
Social protection	Cash transfer programmes; food security; housing; social worker home visits
Justice	Diversion programmes; probation and supervision; caregiver rehabilitation

Challenges and enablers

Table 9. Challenges and enablers

Challenges	Enablers
Fragmentation of services and siloed mandates	Shared frameworks: INSPIRE, Nurturing care framework, Global Parenting Support Framework
Lack of shared planning tools or common goals	Inter-agency agreements and memoranda of understanding

Inconsistent funding streams across sectors	Joint planning sessions and shared information platforms
Workforce capacity gaps in some sectors	Cross-sectoral training and shared supervision standards

Building effective referral mechanisms

Referral systems connect families to the right level of support at the right time, regardless of which sector first identifies the need. They are not limited to cases of abuse or violence. Referrals are warranted for any need that cannot be met within the current service, including child development concerns, disability, caregiver mental health and access to social protection.

Key elements of a strong referral system:

- clear protocols: frontline workers in all sectors know when and how to refer
- trained workforce: staff can recognize red flags and initiate referrals confidently
- feedback loops: referring workers receive information on outcomes after the referral
- trust and accessibility: families trust the services they are referred to and can realistically access them
- routine monitoring: referral outcomes are tracked as a programme quality indicator.

In low-resource or humanitarian settings, referral systems may rely on community health workers, local leaders or informal networks. Map what exists before designing protocols. Adapt to what is feasible rather than waiting for ideal conditions. (2,3)

Handout 5.3: The health sector and parenting support

The health sector is uniquely positioned to support parents and caregivers across the full life course, from the antenatal period through to adolescence. Routine health contacts provide repeated, trusted opportunities to strengthen caregiving behaviours, promote help-seeking and support caregiver well-being, without requiring separate programme infrastructure (14).

Why the health sector matters for parenting support

Health services reach families at critical moments, from pregnancy, birth, early childhood, adolescent issues and adolescent development. This is when caregivers may be most open to support and guidance.

Parenting support delivered through health systems can improve child and adolescent physical and mental health, reduce maltreatment, support development and strengthen family resilience (1).

What the health sector should do: three principles

The WHO brief on the role of the health sector uses three principles to guide action (14).

Table 10. Principles

Principle	What it means
Remember	Much of what health workers already do supports caregivers. Noticing anxiety during a check-up, encouraging early bonding, responding to concerns about a child's development are parenting support actions.
Strengthen	When routine contacts are delivered with quality and consistency, they reduce the need for more intensive intervention later. This means ensuring all interactions with caregivers are respectful, strengths-based and non-judgmental, and creating follow-up pathways for families who need additional support.
Add	Small, low-cost additions to existing services can significantly improve caregiving outcomes. Examples include drawing a parent's attention to their baby's ability to recognize their voice during an antenatal scan or modelling a calm response to a child's fear of a needle during immunization.

Three levels of parenting support in health settings

Health services should match the level of support to the intensity of need, delivering universal support through routine contacts, targeted support through community-based groups or specialist visits, and intensive support through referral to mental health, child protection or specialist parenting interventions (14).

Key health service entry points across the life course

Table 11. Key entry points

Life stage	Key entry points
Antenatal	Information on nutrition, stress and healthy lifestyle during pregnancy; fostering early bonding and attachment, for example, drawing caregivers' attention to their baby's ability to recognize their voice; strengthening partner and family engagement in antenatal care; linking caregivers to available antenatal support programmes.
Neonatal and infancy (birth to 11 months)	Information on child development across developmental domains; listening to caregiver concerns about transition to home; supporting early bonding and attachment between caregivers and their baby; guidance on breastfeeding; recognizing infant illness; addressing caregiver mental health and wellbeing.
Early childhood (1 to 4 years)	Information on supporting development including safety, setting routines and fostering a warm relationship; building caregiver confidence to engage responsively with their child; demonstrating how daily activities support child learning; discussing and modelling positive discipline techniques; modelling empathic and caring responses, for example, during immunization.
Later childhood (5 to 9 years)	Empowering caregivers to create safe environments and reduce exposure to risks; acknowledging caregiver attention to child development, for example, when raising concerns during vision, hearing or school readiness assessments; guidance on positive discipline including limit-setting, rules and consequences; activities to support social and emotional development.
Adolescence (10-19 years)	Information on expected developmental changes; guidance on developmentally appropriate strategies to meet adolescent

needs; empowering caregivers to create safe environments; guiding caregivers to discuss sensitive issues including pubertal changes, menstrual health, gender, sexual health, mental health and substance use; facilitating links between primary health care, youth-friendly services and school health services; addressing specific needs of parents of adolescents with mental health difficulties, chronic illness or disabilities.

Handout 5.4: The education sector and parenting support

Education systems reach nearly all families with children and provide sustained, repeated contact across the childhood and adolescent years, beginning with early childhood education. This makes the education sector a powerful platform for delivering parenting interventions and reinforcing parenting support, particularly for reaching fathers and caregivers who may not routinely engage with health or even social protection services.

Why the education sector matters for parenting support:

- provides universal reach: nearly all children attend some form of early childhood or primary education
- offers sustained contact across multiple years of a child's development
- reaches caregivers at predictable points: enrolment, parent meetings and school events
- schools and early childhood centres are trusted community spaces, often more accessible than health facilities for some groups
- teachers and early childhood workers are well placed to identify children who may need additional support, including disability and developmental delay identification, assessment and support
- schools and early childhood centres are ideal settings for delivering dual parent-child interventions because children are already present and spaces are conducive to children's learning.

Key entry points

Setting	Opportunities for parenting support
Early childhood centres and preschools	Integrate parenting guidance into enrolment orientations and regular parent visits; model responsive caregiving and play-based learning; provide take-home materials on supporting child development
Primary and secondary schools	Parent-teacher meetings as a platform for parenting messages; school-based parenting groups; identification and referral of children showing signs of abuse, neglect or developmental delay
Parent-teacher associations	Structured parenting interventions delivered through existing association meetings; peer support among parents; father engagement initiatives

School health services	Links between school nurses, mental health counsellors, and parenting support; referral pathways to health and child protection services.
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What policy-makers should consider:

- embed parenting support in national early childhood development frameworks and school improvement plans
- integrate parenting support strategies into national early childhood development, inclusive education, and other education related national strategies and action plans
- train teachers and early childhood workers in basic parenting support skills and referral pathways
- develop school-based parenting intervention guidelines that complement rather than duplicate health sector delivery
- ensure coordination protocols between schools and child protection and health services for identification and referral
- invest in teacher capacity to identify early signs of maltreatment, neglect or developmental delay.

Workforce considerations

Teachers and early childhood workers are not expected to deliver intensive parenting interventions without specific training and support. Their primary roles are to reinforce positive parenting messages, support caregiver engagement in children's learning, and identify and refer families who need more targeted or intensive support. Where schools are used as delivery platforms for structured parenting programmes, separate trained facilitators should be deployed.

Handout 5.5: The child protection sector and parenting support

Child protection services reach the families most at risk of harm and those already experiencing difficulties. Services have a critical role in both preventing maltreatment and supporting recovery. Parenting interventions are a core tool within child protection systems, used across prevention, response and alternative care systems.

Parenting interventions in the child protection sector

- Frontline child protection workers are often the first to identify families experiencing severe stress, violence or neglect, as well as the first line of prevention of separation when a child may need alternative care
- Frontline child protection workers often monitor family progress based on a plan that can include parenting education, before a child can return to family's care
- The sector has reach into the highest-risk families who may not engage with universal health or education services
- Parenting support is an evidence-based alternative or complement to punitive or custodial responses to family difficulties, including abuse and neglect
- Care reform processes across many countries require family-based support as an alternative to institutional care. Parenting interventions are central to this.

Key entry points and functions

Table 12. Functions and roles

Function	Role of parenting support
Prevention	Community-based parenting interventions as universal and targeted prevention of maltreatment, particularly in high-risk neighbourhoods or populations
Early identification	Child protection workers trained to identify caregiving difficulties early and deliver or refer to parenting support before crises escalate
Case management	Integrating parenting support into case plans for families where maltreatment has occurred or is at risk; tracking engagement and progress
Family preservation	Parenting interventions as a tool to avoid unnecessary family separation and support safe reunification where separation has occurred
Alternative care	Supporting foster and kinship caregivers with targeted parenting interventions adapted to the specific challenges of non-biological caregiving
Care reform	Parenting interventions as a core component of strengthening care systems, building family capacity to care for children who

would otherwise be in alternative care, particularly residential types, and ensure families are prepared for children existing alternative care.

Referral and coordination:

- child protection services should have clear referral pathways to and from health, mental health, social protection and justice services
- child protection services must connect directly to gatekeeping mechanisms that make best interest decisions for children's care
- parenting programme facilitators should have clear protocols for identifying child protection concerns and referring to child protection services, including who to contact, when and how
- case management systems should include parenting intervention engagement as a tracked outcome
- child protection and/or legal/justice systems should have clear referral pathways to parenting interventions that meet the requirements for mandatory completion by families working to reunify with children who have been removed from their care.

What policy-makers should consider:

- integrate parenting support into national child protection system standards and case management guidelines
- include family support and strategies for strengthening parenting as part of care reform or other child protection systems strategies
- ensure child protection workforce receives basic training in parenting support principles and referral pathways
- include parenting intervention costs in child protection system financing, not as a health or education budget item alone
- use parenting support evidence in care reform advocacy. Family-based care with parenting support is consistently more effective and less costly than residential care (1,25).

Handout 5.6: The social protection sector and parenting support

Poverty and material insecurity are among the strongest risk factors for poor caregiving and child maltreatment. Social protection systems address the structural conditions that undermine parenting and provide a powerful platform for integrating parenting support at scale, reaching families who may not engage with health, education or child protection services. Whilst family support and parenting interventions can often build protective factors such as building a family's ability to use the resources they have and/or to understand and access the resources they need.

Why the social protection sector matters for parenting support:

- reaches families experiencing the greatest material vulnerability, that is, those most likely to benefit from combined economic and caregiving support
- cash transfer programmes already have large-scale delivery infrastructure and regular contact with families who can benefit
- social worker home visits provide an individualized entry point for identifying families who would benefit from targeted parenting support
- evidence consistently shows that combining cash transfers with parenting support produces greater benefits for children than either alone
- families can access social protection schemes at the same time as being introduced to parenting interventions.

Key entry points

Table 13. Entry point platforms

Platform	Opportunities for parenting support
Cash transfer programmes	Co-delivery of parenting groups alongside transfer payments; parenting messages integrated into beneficiary conditions or visits; referral to more intensive support
Food security and nutrition programmes	Address caregiver stress and child malnutrition simultaneously; nutrition counselling as an entry point for broader parenting guidance
Housing and basic services	Stable housing and basic services as a prerequisite for consistent caregiving; link social protection eligibility to parenting intervention access
Social worker contacts	Individual contact point for identifying caregiving difficulties and referring to parenting interventions; case management including parenting support tracking
Community social protection mechanisms	Village savings groups, community welfare committees and similar structures as platforms for peer-based parenting support

One stop centres	Family support centres and other models of one-stop where a family can access social protection programmes, parenting interventions, psychosocial support, early childhood education and other resources.
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Evidence on combined approaches

A number of programmes have demonstrated the added value of combining cash transfers with parenting support, including Parenting for Lifelong Health integrated into social protection programmes in sub-Saharan Africa and similar integrated models in Latin America. The combination addresses both material and relational dimensions of caregiving, producing stronger and more sustained outcomes than either component alone (4).

What policy-makers should consider:

- map existing social protection programmes and assess which have sufficient contact frequency and trusted relationships with parents and other caregivers to serve as parenting support platforms or delivery mechanisms for parenting interventions
- develop co-delivery protocols between social protection and parenting intervention teams: clarify roles, avoid duplication and agree shared data systems
- build parenting support costs into social protection budgets rather than treating them as a separate health or education expense
- ensure social worker training includes basic parenting support skills and referral pathways.

Handout 5.7: The justice sector and parenting support

Families in contact with the justice system, including parents or other caregivers who have lost custody due to abuse or neglect, children in conflict with the law and caregivers who are incarcerated or under supervision, have particularly complex support needs. The evidence base for justice sector integration of parenting support is less developed than for other sectors, but there is a growing body of practice and evidence pointing to its value. This handout summarises the rationale, key entry points and practical considerations.

Why the justice sector matters:

- children in conflict with the law are disproportionately likely to have experienced family adversity, maltreatment and disrupted caregiving
- parental incarceration is associated with elevated risk of behavioural problems, school dropout and intergenerational involvement with the justice system
- maintaining caregiver-child relationships during incarceration is associated with better outcomes for both the caregiver and the child
- diversion from custodial settings by using parenting and family support as an alternative is more effective and less costly than incarceration for many young people.

Key entry points

Table 14. Functions and roles

Function	Role of parenting support
Diversion programmes	Parenting and family strengthening interventions as an alternative to custodial measures for young people in conflict with the law; family therapy and mediation as diversion tools
Probation and supervision	Parenting support as a condition or component of community supervision orders; probation officers trained to refer to parenting interventions
Custodial settings	Parenting interventions within prisons and detention centres for incarcerated caregivers; facilitated contact visits and parent–child relationship support
Post-release support	Parenting interventions as part of reintegration plans for caregivers returning from incarceration; continuity of support across the custodial and community transition
Child and family courts	Parenting support as a court-ordered intervention; evidence from parenting support participation used in family court proceedings

Practical considerations:

- justice sector settings impose specific constraints, such as security requirements, restricted access, high staff turnover, short sentence lengths. that require adapted programme delivery models
- programmes must navigate the dual role of justice workers as both supervisors and supporters. Facilitators should be independent from case management where possible
- children's rights must be central – contact between incarcerated caregivers and their children should be in the child's best interest, not assumed
- referral pathways from justice to health, social protection and child protection services are essential. Justice contact is often a crisis point that opens access to broader support.

What policy-makers should consider:

- review sentencing and diversion policy to create legal space for parenting support as an alternative or complement to custodial measures
- include parenting support access in prison reform and custodial welfare standards
- ensure post-release reintegration plans include family support and parenting intervention referrals
- invest in the evidence base. This is the least researched of the five sectors; national monitoring and evaluation of justice sector parenting interventions should be prioritized.

Handout 5.8: Planning resources for implementation at scale

Early planning for logistics, financial mechanisms and operational coordination is critical to ensuring quality, equity and long-term impact. Even well-designed, evidence-based parenting interventions will fail to achieve results if they are not well implemented. Poor adaptation to local context, lack of adequate number and training of staff, inappropriate duration/frequency, lack of fidelity, weak monitoring systems or failure to engage caregivers can all undermine success.

Identifying minimum resource requirements from the outset, rather than retrofitting them, is critical to quality delivery and scaling success. A minimum viable package defines the essential resources needed for consistent, quality delivery across diverse settings.

Strengthening implementation means investing in workforce development, operational systems, and community engagement so that parenting interventions are not only scalable but also effective, inclusive, and culturally relevant.

Minimum resource requirements for implementation

While the availability of resources may vary by setting, defining a **minimum viable package** is essential to ensure consistent and quality delivery. Key categories to assess include:

- **physical space:** safe, accessible and appropriate venues
- **materials and supplies:** manuals, handouts, visual aids and activity materials
- **equipment:** flipcharts, seating, projectors, etc., as needed
- **staffing:** trained facilitators, support staff and supervision structures
- **childcare and refreshments:** to facilitate participation, especially for caregivers of young children.
- **transport and accessibility:** support for facilitators and participants where needed
- **contextual adaptation:** adjustments for local languages, culture and operating conditions.

Table 15. Resource planning

Resource category	What to plan for
Physical space	Safe, accessible venues with adequate lighting, seating, ventilation and sanitation, disability-accessible, mobile or digital alternatives for remote and humanitarian contexts
Materials	Facilitator guides, caregiver handouts and visual aids reusable and translated into relevant languages, low-literacy adaptations where needed

Equipment	Basic: chairs, flipcharts, pens Digital: devices, speakers, charging equipment as required by delivery model
Workforce	Trained facilitators, co-facilitators, supervisors and substitute staff Childminders where caregiver participation requires childcare provision
Childcare and transport	Supervised childcare space; transport stipends or proximity of venue to participants; barrier-free access for all Essential for reaching caregivers with young children
Monitoring tools	Attendance registers, session reflection forms, fidelity checklists, outcome measures - simple, scalable and integrated into routine delivery
Contextual adaptation	Budget for translation, local illustration and cultural adaptation, laminated visuals to reduce ongoing printing costs

A note about delivering parenting support in humanitarian and fragile settings

Parenting interventions are both feasible and essential in humanitarian contexts where families face displacement, violence, loss and chronic stress. In such settings, strengthening caregivers' capacities can help mitigate the psychosocial impacts of crisis and rebuild protective family relationships. WHO recommends integrating parenting support into existing humanitarian service delivery platforms – including health, protection and psychosocial support systems – rather than developing stand-alone programmes. Interventions should be adaptable, low-cost and trauma-informed, addressing both caregiver and child well-being.

Consider the following:

- prioritize flexibility: shorter sessions, mobile delivery, digital formats where connectivity allows
- use group sessions and peer support to restore social connection and reduce isolation
- address caregiver mental health and stress as a cross-cutting objective, not a separate component
- use community health workers and trusted local figures where formal service infrastructure is limited (1,26).

Handout 5.9: Budgeting and resource planning for scale-up

Early, comprehensive budgeting enables transparent resource mobilisation and informed decision-making about scaling-up and sustainability. Per capita delivery costs reduce significantly as programmes scale. This is a core argument for policy-makers and budget advocates.

Core budget categories

Table 16. Budgeting

Category	What to include
Human resources	Facilitator and supervisor stipends or salaries; trainer fees; administrative and coordination staff; substitute personnel
Training and supervision	Initial training venue, meals, transport; refresher training; supervision visits; development and printing of training materials
Materials and supplies	Facilitator guides; caregiver handouts; visual aids; monitoring forms; basic equipment
Logistics and venue	Venue rental; participant and staff transport; refreshments; childcare provision
Monitoring and evaluation	Data collection tools; data entry and analysis; reporting; external evaluation costs where applicable
Adaptation and translation	Content adaptation; translation and back-translation; local illustration and design

Cost-effectiveness principles

- Use community spaces and in-kind venues wherever possible.
- Develop reusable, laminated materials instead of reprinting each programme cycle.
- Coordinate delivery with existing service days, e.g., health visits, school events, to reduce logistics costs.
- Leverage volunteer community roles where appropriate and sustainable.
- Per capita costs fall substantially as scale increases. Fixed costs are spread across more participants.

A costing tool developed by ISS Africa provides a practical excel-based template for estimating per-unit and overall programme costs:

Financing for national scale

Donor financing is a common entry point but is not a sustainable long-term solution. The goal is integration into government budgets and systems.

Table 17. Considerations for financing

Financing source	Considerations
National health, education or social protection budgets	Primary sustainability goal, which requires policy mandate and budget advocacy.
Donor and development bank financing	Suitable for pilots and scale-up phases; requires clear transition plan to government financing.
Social protection programme budgets	Strong alignment where parenting support is integrated into cash transfer or social worker programmes.
Public-private partnerships	Can supplement government financing for materials, training or technology platforms.

Parenting interventions have demonstrated strong cost-benefit ratios across multiple contexts. The economic case, including returns on investment from reduced violence, improved educational outcomes and long-term productivity, is a powerful tool for budget advocacy (4).

Handout 5.10: Workforce recruitment and capacity building

The effectiveness of a parenting intervention depends on the people who deliver it and the systems that support them. Skilled, motivated and well-supported facilitators and supervisors are essential for ensuring that sessions are engaging, consistent and responsive to families' needs.

Workforce sustainability, not just initial capacity, is a key scaling consideration. Attrition undermines both coverage and quality and is most often a systems failure rather than an individual one.

Recruitment:

- prioritize interpersonal and facilitation skills over formal qualifications, particularly in community-based models
- recruit from the communities where programmes are delivered. This builds trust, contextual relevance and sustainability
- aim for gender-balanced teams; actively include facilitators with lived experience or from underrepresented groups
- be transparent about role expectations, time commitment and compensation from the outset.

Training:

- cover programme content, facilitation techniques, group dynamics, child safeguarding and referral procedures
- use interactive methods throughout, such as role-play, modelling, peer practice and feedback cycles rather than lectures
- adapt training to the local context, including language, norms and delivery realities
- initial training typically runs 5–7 days depending on the programme; plan refresher training at regular intervals.

Supervision:

- provide regular observation and feedback, at a minimum once per programme cycle
- include emotional support and structured debriefs; facilitation is demanding work
- use fidelity checklists and observation tools to guide quality improvement rather than performance judgement
- create peer supervision groups so facilitators can share experiences and problem-solve across sites.

Retention:

- offer fair and consistent compensation or in-kind incentives that reflect the demands of the role
- provide public recognition, such as certificates, community acknowledgement, opportunities to represent the programme
- create professional development pathways, including refresher training, certification and progression to supervisory roles
- manage workloads actively. Burnout is the primary attrition driver at scale and is most often caused by unmanageable caseloads, inadequate supervision and lack of recognition, not individual weakness.

Facilitators and supervisors: illustrative role comparison

Table 18. Roles

Facilitator	
Core functions	Deliver group sessions; engage caregivers; conduct follow-up; maintain records
Essential qualities	Literacy in local language; community familiarity; empathy; group facilitation skills
Supervision	Weekly or biweekly group supervision with programme supervisor
Supervisor	
Core functions	Mentor facilitators; observe sessions; review reports; manage referrals; liaise with management
Essential qualities	Facilitation experience; strong mentoring and problem-solving skills; programme understanding
Supervision	Biweekly individual sessions; observe minimum three sessions per delivery cycle

Handout 5.11: Engaging and retaining families

Sustained caregiver engagement is essential to programme effectiveness. Beyond initial outreach, participation depends on building trust, reducing access barriers and ensuring that families find the content relevant, respectful and supportive. At scale, these must be systematized rather than relying on individual relationships.

Community engagement and mobilisation

Effective engagement begins before the first session:

- map local leadership and support networks (e.g., chiefs, religious leaders, welfare committees, school heads)
- conduct introductory meetings with district and community authorities to gain buy-in and clarify roles
- establish community advisory groups or champions to assist with mobilisation and promote positive parenting
- organize awareness sessions or orientation workshops to introduce the programme and its benefits
- use culturally appropriate messaging and trusted spokespersons to enhance credibility and community support.

Recruitment:

- work with community leaders to identify eligible and priority groups (e.g., families at risk, adolescent caregivers, caregivers of children with disabilities)
- use multiple entry points such as health centres, religious gatherings, home visits or community events
- communicate programme purpose, structure and time commitment clearly and simply at the point of recruitment
- offer support as needed (e.g., transport stipends, refreshments, childcare) to reduce participation barriers
- use social and behaviour change approaches to address stigma, for example, through testimonials, peer encouragement, positive and strengths-based messaging.

Table 19. Retention strategies

Strategy	What this looks like in practice
Build rapport early	Create a safe, respectful, strengths-based atmosphere from session one: participants must feel able to share without judgement
Address practical barriers	Accessible venue; transport support; childcare provision; scheduling that works for working caregivers and avoids harvest, festivals and school holidays
Follow up with absent families	Phone calls or home visits, ideally through community champions, within one to two days of a missed session
Foster peer connections	Encourage peer support among participants; involve families in shaping session content and pace
Offer flexibility	Make-up sessions and schedule adaptations where genuinely needed, within programme fidelity limits.
Ensure relevance	Materials, examples, and discussions must reflect caregivers' actual lived realities, inclusive of diverse family structures, languages and literacy levels.

Caregiver participation in programme design and delivery – co-ownership – is the most powerful long-term retention strategy at scale. It builds trust, improves cultural fit and models the principles of respect and empowerment that parenting interventions seek to promote.

Module 6: Monitoring and evaluating parenting interventions

This module explores how monitoring and evaluation (M&E) systems can be used to plan, assess and continuously improve parenting interventions with the aim of scaling. It introduces key principles, common indicators and practical tools for monitoring progress, evaluating impact and using data to guide decision-making.

By the end of this module, you will be able to:

- define the roles and purposes of monitoring and evaluation in parenting interventions
- plan for M&E by identifying key information, its purpose and who should be involved
- design or adapt M&E systems, including indicators, tools, data sources and timelines
- apply M&E data to improve programme quality and support adaptation and scale-up
- distinguish between different types of evaluations (formative, summative) and their uses.

Additional key resources for Module 6:

- World Health Organization. INSPIRE indicator guidance and results framework. Geneva: World Health Organization; 2018 (<https://www.who.int/publications/m/item/inspire-indicator-guidance-and-results-framework>).
- World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018 (<https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/child-health/nurturing-care>,
- United Nations Children's Fund. Sustainable development goals global indicators related to children [website]. New York: United Nations Children's Fund (<https://data.unicef.org/sdgs/>).
- United Nations Children's Fund. UNICEF strategic plan 2018–2021 Goal Area 3: “Every child is protected from violence and exploitation” indicator manual. New York: United Nations Children's Fund; 2018 (<https://www.unicef.org/media/55526/file/UNICEF%20Strategic%20Plan%20Goal%20Area%203%20Indicator%20Manual%20Ver.%201.7.pdf>).

Handout 6.1: Fundamentals and principles of M&E

What is monitoring and evaluation?

Monitoring is the systematic and continuous process of collecting and analysing data as a programme is implemented. It focuses on tracking planned activities, identifying implementation challenges and risks and providing real-time feedback to programme teams. Effective monitoring allows for early problem-solving and supports the routine assessment of whether parenting interventions are being delivered as intended.

Evaluation, by contrast, is a more in-depth process that assesses the outcomes and impact of an intervention. It compares actual achievements against programme objectives and strategic plans. Evaluation explores both what was accomplished and how and is typically conducted at key milestones or at the end of the programme.

There are two main types of evaluation:

- **Formative evaluation:** Conducted during programme implementation to improve design, functioning or delivery strategies.
- **Summative evaluation:** Conducted at the end of a programme to assess overall impact and extract lessons learned.

Monitoring	Evaluation	Impact evaluation
• Periodic, using data that is routinely gathered or readily attainable • Focused on activity inputs and outputs of whether and how activities are being carried out as planned • Assumes appropriateness of objectives, activities, and indicators • Usually quantitative • Cannot assess impact by itself	• Conducted often but not as part of routine data collection • Goes beyond outputs to assess intervention outcomes • Can address “how” and “why” questions • Can identify intended and unintended effects • Can use mixed-methods data from different sources • Can assess change in outcomes but cannot always determine impact	• A specific form of evaluation that can assess impact and determine if it was generated by the intervention • Infrequent and generally conducted as a separate research study • Can address “how” and “why” questions (i.e. mediators and moderators) • Can be used to assess the theory of change of an intervention and answer other questions about intended and unintended effects

Fig. 11. Comparison of monitoring and evaluation (4)

Why is monitoring and evaluation important?

Monitoring and evaluation systems are essential for ensuring that parenting interventions are:

- delivered as planned
- responsive to the evolving needs of families
- effective in producing meaningful and measurable results

- accountable to stakeholders, including caregivers, funders and implementing partners

By systematically collecting, analysing and sharing accurate and comparable data on process, implementation, outcomes and impact, M&E systems help to:

- **ensure accountability** to children, caregivers, funders and other stakeholders by providing transparent information on programme delivery and performance
- **support learning and adaptation** by helping teams reflect on what is working, what is not and why, allowing for timely course correction
- **improve the quality of implementation** by identifying bottlenecks, gaps or deviations from the original design
- **strengthen resource use** by tracking inputs and activities, ensuring efficient use of time, personnel and funds
- **demonstrate results** by providing credible evidence of change in caregiver practices, child outcomes and family dynamics
- **build the broader evidence base** on what works in parenting interventions, in which contexts and for whom
- **foster stakeholder engagement** by generating data that can be shared with communities, implementing partners and policy-makers to strengthen buy-in and support for scale-up.

Types of evaluation

- Process evaluation
- Implementation evaluation
- Impact evaluation
- Cost-effectiveness evaluation.

Process: Assesses whether intervention activities have been implemented as intended and resulted in specific outputs. This moderate strategy requires more time and resources than routine monitoring as it involves systematic data collection specifically for the purpose of examining intervention implementation processes and quality of delivery. For example, assessing the quality of caregiver training through a post-training survey; measuring client satisfaction in a post-intervention interview; or examining intervention uptake or reach through comparing attendance and organizational data about the number of sessions delivered and participants in each session.

Implementation: Systematically assesses efforts to implement and promote the uptake of parenting interventions. Through the operationalization of implementation science frameworks, this advanced strategy examines how and why evidence-based parenting interventions succeed or fail during implementation. For example, implementation studies examine the feasibility and acceptability of interventions when adapted to a new

context, or how to deliver an intervention to reach more people in low-resource settings. More implementation studies are needed to explore the best approaches for taking parenting interventions to scale through government or public services, such as integrating with health or education systems or using digital and hybrid interventions.

Impact: Examines the effect of an intervention for different populations and levels of prevention. Also called an effectiveness study, this advanced strategy provides decision-makers with critical information on whether interventions are having their intended impact. Using rigorous methodological research techniques such as a randomized controlled trial (RCT) involving randomized allocation to intervention and control groups (one group receives the intervention and one does not), impact evaluations provide the highest degree of control over an evaluation by accounting for possible external influences that may affect those receiving an intervention. This type of study design can enable decision-makers to attribute changes in outcomes to a specific intervention or even a specific intervention component.

Cost effectiveness: This advanced strategy helps decision-makers estimate the total funds required for an intervention, comparing the cost and effect of different packages of interventions and assessing the efficiency of resources for the delivery of each intervention component. Evaluation of an intervention should examine effectiveness and cost-effectiveness for different populations and levels of prevention.

Handout 6.2: Planning for M&E

M&E should not be an afterthought. Planning for M&E must begin early - during the needs assessment and programme design phase - to ensure that the right data is collected from the start and that it meaningfully informs learning, adaptation and accountability.

Setting up M&E systems after implementation begins can result in missed opportunities: lacking baseline data, overlooking early trends and losing critical insight into what works. Early planning ensures that M&E is integrated, useful and aligned with programme goals and local realities.

Key questions to guide M&E planning

What do you want to know?

Start with your programme's objectives. What changes are you trying to achieve? What will success look like?

From here, you can define the indicators that will help measure progress and outcomes.

Example:

If the goal is to reduce harsh parenting, relevant indicators might include:

- % of caregivers reporting use of non-violent discipline
- frequency of positive caregiver–child interactions over the past week.

What types of information will you need?

Effective M&E combines both quantitative and qualitative data:

- **Quantitative data** tells you how much, how many or how often.
Examples: Attendance records, number of sessions completed, % of caregivers who finish the programme.
- **Qualitative data** helps explain the “why” and “how.”
Examples: Focus groups, caregiver interviews, satisfaction surveys, open-ended feedback on parenting practices.

Together, these data types provide a fuller, more nuanced understanding of how the programme is functioning and whether it is producing meaningful change.

Designing culturally responsive indicators

Indicators are observable signs of change. In parenting interventions, they track:

- reach (Are we engaging the right caregivers?)
- fidelity (Are sessions being delivered as planned?)
- outcomes (Are we seeing positive changes in parenting behaviours and family well-being?)

For indicators to be useful, they must be:

- **relevant** to programme objectives
- **culturally meaningful** to the families served
- **feasible** to measure consistently.

What makes an indicator ‘good’?

A strong indicator is:

- **Specific** – clearly defines what is being measured
- **Measurable** – can be counted, observed or verified
- **Achievable** – realistic to monitor with available resources
- **Relevant** – linked to programme goals and the local context
- **Time-bound** – refers to a specific time period or measurement window.

For parenting interventions, additional considerations are essential:

- **culturally appropriate** – reflects local beliefs, parenting norms and family structures;
- **sensitive to diversity** – inclusive of differences in gender, caregiving roles, age groups and household composition.

Examples of common parenting indicators

These indicators are frequently used in parenting intervention evaluations:

- % of caregivers using non-violent discipline
- % of sessions attended by male caregivers
- frequency of caregiver–child play or communication in the past week
- number of referrals made to health, protection or social services.

Always ask:

Do these indicators reflect meaningful change in your setting? Are they capturing what matters to the families you work with?

Handout 6.3: Practical tools for data collection

Once indicators are identified, the next step is to determine **how** data will be collected. This involves selecting appropriate sources and tools that are practical, ethical and fit-for-purpose. It also requires engaging stakeholders meaningfully throughout the process.

Data sources and monitoring tools

Data sources refer to the methods and instruments used to gather information on parenting intervention implementation and results. These may include existing tools already in use or new tools developed specifically for monitoring, evaluation or learning purposes.

A strong M&E system does not require creating everything from scratch. Instead, start by mapping existing tools, identifying gaps and building on what works.

Examples of common data sources:

- **attendance registers** – track participation across sessions
- **session report forms** – completed by facilitators to document delivery, challenges and successes
- **pre- and post-surveys** – assess changes in caregiver knowledge, attitudes, or practices
- **observation checklists** – assess facilitator fidelity and delivery quality
- **caregiver journals** – document reflections or application of skills between sessions
- **feedback forms** – collect caregiver input on content, pace and relevance
- **focus group discussions or interviews** – capture in-depth perspectives from caregivers, staff, or community members
- **financial/resource tracking sheets** – monitor costs per session, staff expenses, or use of materials
- **referral logs** – track referrals made and follow-up with services
- **facilitator reflection logs** – capture real-time learning and recommendations.

What makes a good monitoring tool?

Avoid overly complex or burdensome tools that discourage use or delay analysis. Good tools should be:

- **simple and user-friendly** – easy for staff to understand and complete
- **built on existing systems** – adaptations of forms already in use
- **timely and real-time** – data is collected and reviewed regularly
- **actionable** – designed to inform improvements in delivery or strategy.

WHO recommends building on existing data systems and avoiding duplication to reduce workload and ensure data consistency (4).

Engaging stakeholders in monitoring and evaluation

Monitoring and evaluation should not be the sole responsibility of M&E staff. For M&E systems to be useful, they must reflect the priorities and insights of those who design, deliver and benefit from parenting interventions.

Why stakeholder engagement matters:

- helps define outcomes and indicators that are locally meaningful
- ensures tools are culturally appropriate and acceptable
- improves data quality through shared ownership
- increases use of findings for learning, adaptation and accountability
- builds trust and support for scaling or policy integration.

Who to involve and how

Stakeholder engagement should occur throughout the programme cycle:

Table 20. Stakeholder roles

Stakeholder	Role in M&E
Programme managers	Align M&E with programme strategy and theory of change
Facilitators and frontline staff	Collect data and provide insights on feasibility and fidelity
Caregivers and community members	Provide feedback on content, delivery and impact
Government partners and funders	Ensure alignment with reporting needs and policy priorities

Example: In a community-based parenting intervention, facilitators track session attendance and delivery, caregivers share experiences through focus groups and staff compile monthly reports to support reflection and inform national partners.

When and how to engage stakeholders:

- **during M&E planning:** identify relevant outcomes, review indicators and tools and align on what evidence is useful
- **during implementation:** conduct reflection meetings, supervision visits and quality monitoring

- **during analysis and use of findings:** involve stakeholders in interpreting results and co-developing adaptations
- **during dissemination:** share findings in accessible formats (e.g., briefs, meetings, workshops) based on audience needs.

The WHO Handbook (2024) underscores that stakeholder participation in M&E increases ownership, contextual relevance and effective use of data at the local level.

Handout 6.4: Domains of programme monitoring

Monitoring is more than tracking how many people attend sessions. It is about understanding how the programme is being implemented, where it is functioning effectively and where adjustments may be needed. A strong monitoring system helps identify not only outputs, but also the quality, relevance and any emerging risks or unintended outcomes.

Based on practical experience across a range of contexts, the following **eight monitoring domains** provide a comprehensive framework that can be tailored to your programme's objectives and available resources.

Staff and facilitator training and support

Track whether staff and facilitators have received the training and supervision they need to deliver the programme effectively.

Sample questions:

- How many facilitators were trained and received refresher support?
- Do facilitators feel confident delivering the sessions?
- Are there any differences by location or type of facilitator?

Programme reach, attendance and retention

Monitor how many caregivers and children the programme is reaching, how regularly they attend and who drops out.

Sample questions:

- What percentage of caregivers completed all sessions?
- Are men and women attending equally?
- Are certain types of caregivers (for example young parents or fathers) dropping out more?

Implementation quality and fidelity

Check whether sessions are delivered as planned and facilitators are following the curriculum content and methods.

Sample questions:

- Are all sessions being delivered in full and in the correct order?
- Do facilitators model key behaviours (for example, active listening or nonviolent discipline)?
- Are key messages being reinforced consistently?

Programme acceptability and resonance

Understand whether participants and facilitators feel the programme is relevant, appropriate and making a difference.

Sample questions:

- What do participants like most or least about the sessions?
- Do participants feel the programme is helping their families?
- Do facilitators feel supported and valued?

Referral to additional services

If your programme includes referrals (for example, for violence, child protection, or health), monitor how these are functioning.

Sample questions:

- How many referrals were made and to what services?
- Do facilitators feel confident making referrals?
- Are participants accessing referred services successfully?

Risk and unintended consequences

Identify any negative impacts or unintended outcomes of the programme early.

Sample questions:

- Are there any reports of backlash or resistance from families or communities?
- Are any groups feeling left out or harmed by the content or delivery?
- Are risk mitigation plans being followed?

Handout 6.5: Developing and adapting M&E frameworks

A M&E Framework provides a structured and systematic approach to track how a parenting intervention is implemented, whether it is achieving its goals and how it can be improved and scaled. It serves as a roadmap to guide data collection, analysis and use - supporting learning, accountability and programme effectiveness.

Why an M&E framework matters

A well-designed M&E framework helps to:

- clarify objectives and outcomes across the results chain
- promote accountability to children, caregivers, funders and partners
- enable continuous learning and course correction
- demonstrate effectiveness and long-term impact
- support equity and inclusion by tracking participation and outcomes across groups
- facilitate scale-up and sustainability by generating robust evidence
- strengthen strategic resource allocation and decision-making.

Key steps to developing an M&E framework

Clarify the intervention objectives

Define what the parenting intervention is trying to achieve, based on its *theory of change* and *logic model*. Objectives should reflect meaningful, achievable improvements in child and caregiver outcomes.

Identify outcomes

Select both short- and long-term outcomes aligned with your goals (e.g., improved parenting behaviours, strengthened parent–child relationships, reductions in violence).

Develop indicators across the results chain

Include indicators at each level of the results chain:

- a. *Inputs* – e.g., number of staff trained
- b. *Outputs* – e.g., number of sessions delivered
- c. *Outcomes* – e.g., % of caregivers reporting positive parenting behaviours
- d. *Impact* – e.g., improvements in child developmental milestones

Consider disaggregation

Ensure data can be disaggregated by sex, age, disability, caregiver type and other relevant markers to monitor equity and reach.

Document delivery mechanisms and context

Record how, where and by whom the intervention is delivered to support contextual analysis and learning.

Use global standards where applicable, such as: World Health Organization. INSPIRE indicator guidance and results framework (27,28)

Ensure alignment and flexibility

The framework should enable cross-site comparisons while allowing adaptation to the local implementation context.

M&E framework template – Key components

The following elements can guide the development or adaptation of your M&E framework:

Table 21. M&E component and description

Component	Description
Intervention objectives	What the programme aims to achieve (e.g., increased use of non-violent discipline)
Logic model / results chain	Visual or narrative pathway showing how inputs lead to outputs, outcomes and impact (theory of change)
Indicators	Input (e.g., staff trained), output (e.g., sessions delivered), outcome (e.g., behaviour change) and impact indicators (e.g., (improved child wellbeing) to measure progress
Means of verification / data sources	Surveys, observation tools, registers, interviews, etc.
Data collection plan	Who will collect data, when, how and using which tools
Disaggregation plan	Variables to track disaggregated data (e.g., by gender, age, disability)
Baseline and targets	Starting values and expected changes over time
Monitoring schedule	Frequency and timing of routine data collection
Evaluation plan	If/how formal evaluations will be conducted (e.g., randomised control trial, pre-post surveys)
Ethical and safeguarding considerations	Consent, confidentiality and safety of participants
Roles and responsibilities	Staff or teams responsible for each component of M&E
Reporting and use of findings	How findings will be shared and used for learning, adaptation and advocacy

Handout 6.6: M&E framework worksheet

Intervention objectives Define the intervention's goals (e.g., improved parenting skills, reduced child maltreatment).	Logic model / results chain Map how inputs lead to outputs, outcomes and impacts (theory of change).	Indicators: Specify input, output, outcome and impact indicators.	Means of verification / data sources List tools and sources for collecting data (e.g., surveys, interviews).	Data collection plan Who collects data, when, how often and with what tools. Plan to break down data by sex, age, disability, etc.	Baseline and targets Document starting points and expected change.	Roles and responsibilities List who is responsible for each M&E component.	Reporting and use of findings Explain how findings will be used for learning and advocacy.

Example: Ethiopia's national early childhood education M&E framework (4)

Input/process	Output	Outcome	Impact
• Advocacies • Annual plan preparation • ECD activities incorporated into woreda based plans/ reviews • Trainings/post training follow-ups • Job aid/material distribution to facilities and households • TV, radio spots produced • ECD interventions integrated to the routine MCH services • Nutritional supplement for pregnant women	• Day care centers started with tailored ECD Services • Health facilities establish child friendly corners • Children screened for developmental status • Care givers counseled on early stimulation and responsive care • Pregnant and lactating mothers screened for mental illnesses • Access to play based early learning and Pre-primary education • Children provided with toys and books at home • Mothers received care to prevent anemia	• Four ANC visits • Early PNC • Skilled birth attendance • Full immunization of children • Children received deworming/Vitamin A supplementation • Children exclusively breastfed for 6 months • Children received stimulation and responsive care • Positive disciplining • Parents practice responsive caregiving • Children with low birth weight • Children participate in organized early learning/pre-primary education • Anemia during pregnancy	• Under-5 children developmentally on track in health, learning and psychological well-being • Neonatal mortality rate reduction • Under-5 mortality rate reduction • Stunting Reduction

Handout 6.7: Using M&E for continuous quality improvement, innovation and scale-up

Use of data collected during monitoring is critical to drive **continuous learning, improvement and accountability** in parenting interventions.

Monitoring data should be regularly analysed and used to guide decision-making throughout implementation. This includes identifying challenges or unintended effects early and making adjustments to improve the intervention's relevance, effectiveness and reach. Data should be disaggregated (e.g. by age, gender, or disability) to assess equity and inclusion. Findings should not only be reported but shared widely with stakeholders - including implementers, participants and policy-makers - to foster ownership, transparency and informed adaptation. The WHO encourages embedding feedback loops and using both quantitative and qualitative monitoring data to refine delivery, enhance participant experience and ensure accountability to target populations (4).

Module 7: Sustaining scale-up of parenting interventions

This module explores practical strategies for sustaining the scaling-up of parenting interventions. Drawing from global experience, it highlights the conditions that support sustainable scale-up, the phases and strategies for sustainable scale-up, and the collaborative efforts required to embed parenting interventions into national systems including protection, health and education.

At a fundamental level, scaling requires government ownership, as the government possesses the capacity to reach more families, the necessary infrastructure and resourcing. As such, it is crucial to strategically engage governments from the start requiring active, effective and sustained advocacy.

While the pathway to scale will vary across countries and contexts, core strategies critical to developing programmatic efficiency and securing the political help to expand access and mobilize sustainable funding (29).

By the end of this module, you will be able to:

- analyse parenting interventions for readiness to scale-up
- distinguish between horizontal and vertical scale-up approaches and understand their implications
- explore how to build policy, funding and partnerships to sustain interventions at scale
- understand and plan for sustainability.

Additional key resources for Module 7:

- INSPIRE Working Group. INSPIRE guide to adaptation and scale-up. New York: INSPIRE Working Group; 2021 (https://cdn.who.int/media/docs/default-source/documents/child-maltreatment/inspire-guide-and-tools-for-adaptation-and-scale-up-final-pdf-1.pdf?sfvrsn=fe2ca907_5&download=true).
- Global Initiative to Support Parents. Scaling parenting support: tips from country practitioners. London: Oxford University; 2024 (<https://support-parents.org/blog/scaling-parenting-support-tips-from-country-practitioners/>).

Handout 7.1 Definitions and fundamentals on scaling and sustaining

Scaling is a phased and intentional process. They are the aspects discussed throughout this training. Each phase builds on the previous one and requires distinct strategies to ensure that evidence-based parenting interventions can reach more families while maintaining quality, equity and sustainability. These phases help stakeholders plan and manage scale-up more strategically and sustainably.

Launch phase:

- establish clear intervention objectives
- ensure there is a robust evidence base and plan for continuous collection of data
- assess for scalability (readiness): resources, documentation (standards, operating procedures), facilitator training and supervision mechanisms, promotion materials and plans
- plan for scale up
- engage stakeholders
- adapt the intervention as needed
- pilot-test the intervention and gather evidence.

Adoption phase:

- establish advocacy and political partnerships
- engage national stakeholders
- establish collaborative and intersectoral partnerships
- identify or build programme champions
- prepare workforce: provide training and capacity building.

Scaling phase:

- establish quality and fidelity assurance
- collect data and evaluate, adapt or adjust for contexts and participant groups
- harness technology and innovation
- expand and replicate gradually.

Sustaining phase:

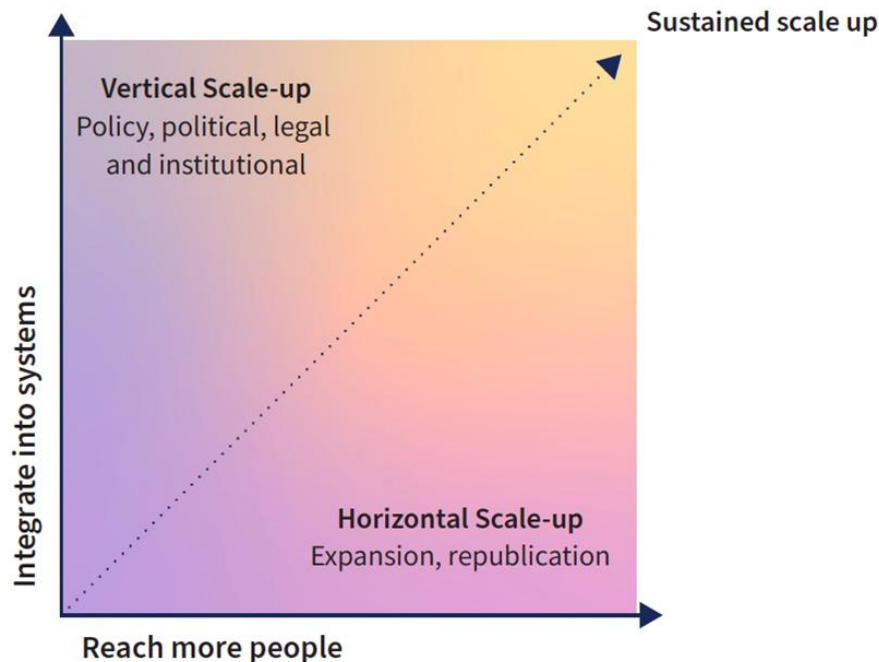
- secure funding for sustainability
- institutionalize and integrate systems
- course-correct and continually improvement
- continuous capacity building of workforce
- expand delivery to new contexts or adapt for new realities

- identify economies of scale and adjust programming.



Fig. 12. Scaling phases

There are two primary pathways for effective scaling are vertical scale-up, which integrates the intervention into policies, systems and institutional structures, and horizontal scale-up, which expands the intervention to new locations and populations.



Successful scaling requires a combination of both approaches to achieve widespread reach and lasting impact for families and children.

Fig. 13. Vertical and horizontal scale up
(4 , p. 7)

Handout 7.2: Scaling case studies (4)

Case study: Vertical scale-up of a parenting intervention, Philippines (p 64)

Masayang Pamilya (meaning “Happy Family”) is a parent-support intervention developed through a multisectoral collaboration with Parenting for Lifelong Health Philippines, the Department of Social Welfare and Development, the Council for the Welfare of Children and local service providers. An initial RCT conducted in low-income urban areas with families receiving cash transfers showed significant and sustained reduced risk for child maltreatment. In 2020–2021 it was adjusted for online/digital delivery during COVID-19. Tipsheets were translated to 12 major Philippine languages and disseminated widely, while webinars and radio segments reached tens of thousands of viewers. In 2022, MaPa core messages were integrated into the national online Family Development Sessions system and delivered via various platforms.

Case study: Horizontal scale-up of home visits to promote early childhood development, Rwanda (p 64)

Sugira Muryango (meaning “Strengthen the Family”) was transformed to engage fathers, reduce violence and strengthen families overall. Through an initiative to horizontally scale-up the intervention, the Government of Rwanda aimed to reach nearly 10 000 of the most vulnerable households across three districts by the end of 2023. This model is a home visiting intervention that uses active coaching to build parent capabilities and increase responsive parenting by parents and caregivers to promote early childhood development and prevent violence. It targets families in extreme poverty with young children aged 0–36 months. An RCT of the intervention demonstrated that families who received the intervention in combination with a government-provided social protection programme practice more responsive, positive caregiving, and show improved nutrition, care seeking, hygiene and father involvement compared to control families receiving usual care.

Handout 7.3: Strategies for scaling parenting support

1. Build on evidence

Scaling models or strategies should be built upon a solid foundation of evidence. Before scaling up any intervention, it's imperative to thoroughly evaluate and understand its effectiveness, so evidence generation should be integrated into the programme design. By learning from past successes and failures, programme implementers can refine their strategies and ensure that resources are invested in interventions with the highest potential for impact.

Questions to consider at the onset:

- Is the intervention ready to be scaled up?
- How will the intervention be adopted?
- How will the intervention be scaled up?
- How will the intervention be sustained?

2. Know your data

Data should not only inform service delivery, but they should also inform your messaging and advocacy resources. Be ready to share data that can speak to return on investment, cost per participant and outcomes achieved. At the least, be ready to share what it will cost to scale the programme. Understand where the data gaps are and work with funders and partners to address them.

Fig. 14. Means for building evidence (4)

Monitoring	Evaluation	Impact evaluation
• Periodic, using data that is routinely gathered or readily attainable • Focused on activity inputs and outputs of whether and how activities are being carried out as planned • Assumes appropriateness of objectives, activities, and indicators • Usually quantitative • Cannot assess impact by itself	• Conducted often but not as part of routine data collection • Goes beyond outputs to assess intervention outcomes • Can address “how” and “why” questions • Can identify intended and unintended effects • Can use mixed-methods data from different sources • Can assess change in outcomes but cannot always determine impact	• A specific form of evaluation that can assess impact and determine if it was generated by the intervention • Infrequent and generally conducted as a separate research study • Can address “how” and “why” questions (i.e. mediators and moderators) • Can be used to assess the theory of change of an intervention and answer other questions about intended and unintended effects

3. Develop an influencing and engagement plan with a range of key messages for different target audiences

Understanding how to frame parenting support in a way that will resonate with different stakeholders is a critical component of building political will within governments. Write out your key messages and develop advocacy resources like one-pagers that integrate data on your program's effectiveness and scalability readiness and adjust your messaging to different audiences. If possible, demonstrate in the one-pager how your parenting support aligns with the ministry's mission and strategic plan. Also, assess and analyse your advocacy targets to understand what messages, messengers and data resonate with them.

4. Recruit champions in government and develop a deep bench

Policy champions can help you navigate complicated government processes, recruit supporters, offer information and intel, build awareness inside and outside of government and play many other important roles depending on the political system. However, just as important is the need to develop a cadre of champions at different levels of government (national and subnational, ministerial and technical) to protect yourself from turnover and changes in leadership.

5. Build capacity within government

It is crucial to strengthen the skills, resources and processes that enable the relevant government departments or institutions to effectively and efficiently scale the parenting support programme. This can be done by offering continuous training programmes and workshops to relevant government employees to enhance their skills and knowledge on parenting support and programme delivery. It is also useful to support the government partner(s) to develop clear and effective organizational structures with defined roles and responsibilities regarding the scaling of the parenting support and to offer support for implementing robust data management systems to enable evidence-based decision-making.

6. Embed parenting support programmes within adjacent agendas and delivery systems

Parenting support is typically not a high enough policy priority to stand on its own. As a result, programme operators and advocates must consider how to embed parenting support within broader policy agendas that may already have dedicated funding as well as existing funding streams and delivery systems (such as through healthcare services). Depending on the political system, perhaps funding for parenting interventions can be integrated into existing legislative or budget processes or attached to other legislation.

7. Elevate the voices of parents and caregivers in all their diversity and programme operators

The most effective advocates for your work are those directly involved in the programme. Co-design programmes with parents and caregivers and create opportunities for parents and caregivers, programme operators and government officials to engage with and learn from one another. This can be achieved through site visits, formal briefings or side events and dedicated communication and social media campaigns. Children and young people also have agency and can be engaged in age-appropriate ways to meaningfully participate in programmes and processes that impact them and their parents and caregivers.

Handout 7.4: From scaling to sustaining

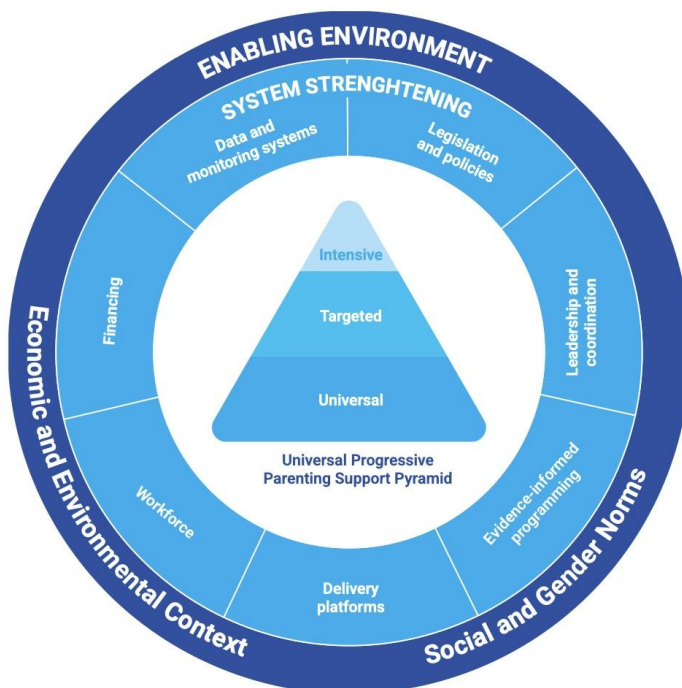
Scaling up parenting interventions involves a final phase *sustaining*, which includes securing funding, institutionalizing systems, adapting to new contexts and ensuring continuous improvement. Sustainability relies on integrating interventions into national structures, mobilizing resources and expanding reach while maintaining fidelity. Regular monitoring, data use and course corrections are essential to scale effectively and equitably, ensuring long-term impact across diverse populations.

Sustainability is long-term continuation and institutionalization of a parenting intervention within existing systems. This includes embedding the intervention into national policies, service guidelines, budgets and delivery platforms. Sustainability involves:

- securing long-term funding (e.g. from government or public-private partnerships)
- integrating parenting interventions into health, education, or social services
- continuously improving the intervention using real-time data
- expanding to new settings with proper adaptation
- achieving economies of scale for cost-effectiveness.

An enabling environment is necessary to create the conditions for supporting caregivers to meet their parenting potential, and the broader policy environment is necessary for the sustainable scaling of parenting interventions. An enabling environment includes supportive legislation and coordination mechanisms, financing, data and evidence generation, along with supportive social and gender norms.

Fig. 15. Parenting framework supported by the enabling environment (3)



References

1. World Health Organization. WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240065505>, accessed 6 August 2025).
2. World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018 (<https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/child-health/nurturing-care>, accessed 12 May 2025).
3. United Nations Children's Fund, Parenting for Lifelong Health. Global parenting support framework. New York: United Nations Children's Fund; 2025 (<https://www.unicef.org/documents/global-parenting-support-framework>, accessed 13 January 2026).
4. World Health Organization. Designing, implementing, evaluating, and scaling up parenting interventions: a handbook for decision-makers and implementers. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240095595>, accessed 9 May 2025).
5. Harper Browne C. Expanding the perspectives and research foundation for the Strengthening Families and Youth Thrive frameworks. Washington (DC): Center for the Study of Social Policy; 2024 (<https://www.cssp.org/resource/expanding-the-perspectives-and-research-foundation-for-the-strengthening-families-youth-thrive-frameworks>, accessed 6 August 2025).
6. World Health Organization. WHO recommendations on adolescent health: guidelines approved by the WHO Guidelines Review Committee. Geneva: World Health Organization; 2017; WHO/MCA/17.08 (<https://www.who.int/publications/i/item/WHO-MCA-17.09>, accessed 6 August 2025).
7. Jordans MJD, Brown FL, Kane J, Taha K, Steen F, Ali R, Elias J, Meksassi B, Aoun M, Greene CM, Malik A, Akhtar A, van Ommeren M, Sijbrandij M, Bryant R; STRENGTHS consortium. Evaluation of the Early Adolescent Skills for Emotions (EASE) intervention in Lebanon: a randomized controlled trial. *Compr Psychiatry*. 2023;127:152424. doi: 10.1016/j.comppsy.2023.152424 (<https://pubmed.ncbi.nlm.nih.gov/37748283/>, accessed 9 May 2025).
8. World Health Organization. Helping parents in developing countries improve adolescents' health. Geneva: World Health Organization; 2007. (<https://www.who.int/publications/i/item/9789241595841> accessed 9 May 2025).
9. Nogueira, S, Canario, AC, Abreau-Lima, I, Teixeira, P, Cruz, O. Group Triple P intervention effects on children and parents: A systematic review and meta-analysis. *Int J Environ Res Public Health*. 2022; 19:21333. doi: 10.3390/ijerph19042113 (<https://pmc.ncbi.nlm.nih.gov/articles/PMC8872306/#:~:text=Triple%20P%20interventions%20aim%20to,for%20parents'%20process%20of%20change> accessed 9 May 2025)

10. World Health Organization. INSPIRE: seven strategies for ending violence against children. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/9789241565356>, accessed 9 May 2025).
11. United Nations Children's Fund. Resource package for gender-transformative parenting. New York: United Nations Children's Fund; 2023 (<https://www.unicef.org/reports/resource-gender-transformative-parenting>, accessed 6 August 2025).
12. World Health Organization. Improving early childhood development: WHO guideline. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/97892400020986>, accessed 9 May 2025).
13. World Health Organization, United Nations Children's Fund. Helping adolescents thrive toolkit: strategies to promote and protect adolescent mental health and reduce self-harm and other risk behaviours. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240025554>, accessed 12 May 2025).
14. World Health Organization. The role of the health sector in supporting parents and caregivers to meet their parenting potential. Geneva: World Health Organization; 2025 (<https://doi.org/10.2471/B09582>, accessed 13 January 2026).
15. Orpinas P, Ambrose A, Maddaleno M, Vulcanovic L, Mejia M, Butron B, et al. Lessons learned in evaluating the Familias Fuertes program in three countries in Latin America. *Rev Panam Salud Publica*. 2014;36(6):383–90. World Health Organization. Caregiver skills training for families of children with developmental delays or disabilities: introduction. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240048836>, accessed 6 June 2025).
16. Miller, KE, Chen, A, Koppenol-Gonzalez, GV, Bakolis, I, Arnous, M, Tossyeh, F, El Hassan, A, Saleh, A. Supporting parenting among Syrian refugees in Lebanon: A randomized controlled trial of the caregiver support intervention. *J Child Psych*. 2022; doi:10.1111/jcpp.13668 (<https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcpp.13668>, accessed 6 June 2026).
17. United Nations Children's Fund. Countdown to 2030: country profiles on early childhood development. New York: United Nations Children's Fund; 2025 (<https://data.unicef.org/resources/countdown-to-2030-ecd-country-profiles/>, accessed 8 January 2026).
18. World Health Organization. Global status report on preventing violence against children 2020. Geneva: World Health Organization; 2020 (<https://www.who.int/teams/social-determinants-of-health/violence-prevention/global-status-report-on-violence-against-children-2020>, accessed 12 June 2025).
19. World Health Organization. Parenting for Lifelong Health [website]. Geneva: World Health Organization (<https://www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health>, accessed 7 May 2025).
20. United Nations Children's Fund Office of Research – Innocenti. Violence against children and violence against women [infographic]. Florence: United Nations

- Children's Fund Office of Research – Innocenti; 2024 (<https://www.unicef.org/innocenti/media/10556/file/UNICEF-Innocenti-violence-against-children-women-infographic.pdf>, accessed 6 August 2025).
21. The Prevention Collaborative. Responsible, engaged and loving (REAL) fathers [website]. Washington (DC): The Prevention Collaborative (<https://prevention-collaborative.org/programme-examples/real-fathers/>, accessed 9 May 2025).
 22. Child Health and Development Centre, Makerere University. Ugandan parenting for respectability implementation science evaluation: cluster randomised controlled trial of a parenting intervention to reduce violence against children and gender-based violence in Uganda [policy brief]. Kampala: Makerere University; 2023 (<https://prevention-collaborative.org/wp-content/uploads/2023/01/230111-GPI-UPRISE-Uganda-Policy-brief-V3.pdf>, accessed 6 August 2025).
 23. Caribbean Institute for Health Research, University of the West Indies; Reach Up Team. Reach Up: an early childhood parenting programme [policy brief]. Jamaica: Caribbean Institute for Health Research; 2021 (https://reachupandlearn.com/wp-content/uploads/2021/05/Reach-Up_Policy-brief_002.pdf, accessed 6 August 2025).
 24. United Nations Children's Fund Innocenti – Global Office of Research and Foresight, Prevention Collaborative, Equimundo. Parenting programmes to reduce violence against children and women: how to adapt programmes to address both types of violence (Brief 3). Florence: UNICEF Innocenti; 2023 (<https://www.unicef.org/innocenti/media/3466/file/Brief-3-Parenting-programmes-to-reduce-violence.pdf>, accessed 9 May 2025).
 25. United Nations Children's Fund Innocenti – Global Office of Research and Foresight, Prevention Collaborative, Equimundo. Parenting programmes to reduce violence against children and women: why it is important (Brief 1). Florence: UNICEF Innocenti; 2023 (<https://www.unicef.org/innocenti/media/3456/file/UNICEF-Innocenti-Parenting-Programmes-Reduce-Violence-Against-Children-Women-Brief-1-2024-EN.pdf>, accessed 9 May 2025).
 26. World Health Organization. mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings. Geneva: World Health Organization; 2016 (<https://iris.who.int/server/api/core/bitstreams/6ded7ffd-9d69-493a-b48a-0b3e6250c173/content>, accessed 6 June 2025).
 27. INSPIRE Working Group. INSPIRE guide to adaptation and scale-up. New York: INSPIRE Working Group; 2021 (https://cdn.who.int/media/docs/default-source/documents/child-maltreatment/inspire-guide-and-tools-for-adaptation-and-scale-up-final-pdf-1.pdf?sfvrsn=fe2ca907_5&download=true, accessed 9 May 2025).
 28. World Health Organization. INSPIRE indicator guidance and results framework. Geneva: World Health Organization; 2018 (<https://www.who.int/publications/m/item/inspire-indicator-guidance-and-results-framework>, accessed 12 May 2025).
 29. Global Initiative to Support Parents. Scaling parenting support: tips from country practitioners. London: Oxford University; 2024 ([112](https://support-</div><div data-bbox=)

parents.org/blog/scaling-parenting-support-tips-from-country-practitioners/, accessed 6 May 2025).